

Dermatology Center of Williamsburg
5335 Discovery Park Blvd., Suite A
Williamsburg, VA 23188



Phone: 757-645-3787
Fax: 757-645-3774
dermatologycenterofwilliamsburg.com

PATIENT RECORD OF DISCLOSURES

In general, the **HIPAA** privacy rule gives individuals the right to request a restriction of uses and disclosures of their **protected health information (PHI)**. The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (Check all that apply):

Home Phone _____

- ☐ O.K. to leave message with detailed information at home
- ☐ Leave message with call-back number only

Written Communication

- ☐ O.K. to mail to my home address
- ☐ O.K. to mail to work/office address

Birthdate _____

Print Name _____

Patient Signature _____

Work Phone _____

- ☐ O.K. to leave message with detailed information at work
- ☐ Leave message with call-back number only

☐ Other (please describe below)

☐ OK to release information to the following:

Date _____

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for *PHI* to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to and authorization requested by the individual.

Healthcare entities must keep records of *PHI* disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: uses and disclosures for TPO may be permitted without prior consent in an emergency.

*****Below for Office Use Only*****

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom Address or Fax Number	(1)	Description of Disclosure/ Purpose of Disclosure	Disclosed by Whom	(2)	(3)

(1) Check this box if the disclosure is authorized.

(2) Type key: T=Treatment Records; P=Payment Information; O=Healthcare Operations

(3) Enter how disclosure was made: F=Fax; P=Phone; E=Email; O=Other

*****Please print to sign and date.*****