Restrictions on Uses and Disclosures of PHI

Maria M. Doucet, M.D., A.P.M.C. 4630 Ambassador Caffery Parkway, Suite 402 Lafayette, LA 70508

(337) 989-4453 • (337) 989-2289 Fax

In general, the HIPAA privacy rule gives an individual the right to request a restriction on 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):		Circle order of Contact			
□ Yes □ No	Home telephone _() □ Ok to leave message with detailed information □ Leave message with call-back number only	1	2	3	4
□ Yes □ No	Cell telephone _() □ Ok to leave message with detailed information □ Leave message with call-back number only	1	2	3	4
□ Yes □ No	Work telephone _() □ Ok to leave message with detailed information □ Leave message with call-back number only	1	2	3	4
□ Yes □ No	Email	1	2	3	4
Other Email: Written communication Ok to mail to my home address Ok to fax to this number ()					
Please unders	tand we are unable to speak to anyone about your care unle	ess you list	them	here.	
1	2				
3	4				
requests for PH uses or disclose records of PHI of	e generally requires healthcare providers to take reasonable steps If to the minimum necessary to accomplish the intended purpos ures made pursuant to an authorization requested by the indivi- disclosures. Information provided below, if completed properly, countered disclosures for TPO may be permitted without prior cons	e. These po dual. Healt onstitute an	rovisio hcare adequ	ons do entitie ate re	not apply to es must keep cord.
I have receive	d the Notice of Privacy Practices and I have been provided	an opportu	ınity t	to rev	iew it.
	Patient Signature	Date		_	
	Patient Name Da	te of Birth		_	