

**Carson Family Care Center  
1259 S. Pinellas Ave.  
Tarpon Springs, FL 34689  
(727) 938-1908**

**PATIENT RECORD OF DISCLOSURES**

---

In general, the HIPAA privacy rule gives individuals 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 regarding PHI:  
(check all that apply)**

           **Home Telephone** \_\_\_\_\_  
           O.K. to leave message with  
detailed information  
           Leave message with call-back  
number only

           **Written Communication**  
           O.K. to mail to my home address  
           O.K. to fax to this  
number \_\_\_\_\_

           **Work Telephone** \_\_\_\_\_  
           O.K. to leave message with  
detailed information  
           Leave message with call-back  
number only

           **Other** \_\_\_\_\_  
\_\_\_\_\_

**The office may leave messages regarding your health care (PHI) with:**

\_\_\_\_\_  
**Name    Relationship    Phone #**

\_\_\_\_\_  
**Name    Relationship    Phone #**

---

The Privacy Rule generally requires health care 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 an authorization requested by their individual.

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

---

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date of Birth**