

# PATIENT AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

HIPAA Privacy Rule gives you the patient the right to request restrictions on uses and disclosures of your Protected Health Information (PHI). You also have the right to request confidential communications or that communications of PHI be made by alternative means, such as sending correspondence to an alternate address or call a different phone number than what is listed.

Campbell, Cunningham & Taylor has my authorization to contact me in the following manner:

Home Telephone # \_\_\_\_\_

- O.K. to leave message with detailed information
- Leave message with call back number only
- You may leave a detailed message with anyone that may answer at my residence
- Please only leave a message with \_\_\_\_\_  
Contact Persons Name Relationship

Work Telephone # \_\_\_\_\_

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

## Written Communications

- O.K. to mail to my home address
- O.K. to mail to my work/office address
- O.K. to fax to this number \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Birthdate