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PLASTIC AND RECONSTRUCTIVE SURGERY

DIPLOMATE AMERICAN BOARD OF PLASTIC SURGERY

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 individuals home.

My preference is to be contacted in the following manner:

PHONE COMMUNICATION:
1st Choice → *Please circle* Home / Work / Cell : _____
 It is okay to leave voicemail with detailed information: _____ YES _____ NO
 I prefer that messages are left with a call-back number ONLY: _____ YES _____ NO
2nd Choice → *Please circle* Home / Work / Cell : _____
 It is okay to leave voicemail with detailed information: _____ YES _____ NO
 I prefer that messages are left with a call-back number ONLY: _____ YES _____ NO

WRITTEN COMMUNICATION:
 It is okay to mail to my home address: _____ YES _____ NO
 It is okay to mail to my office address: _____ YES _____ NO
 It is okay to send email to this email address: _____
 _____ (Initial) The email address above may also be used for clinical correspondence about my medical care and/or test results.

_____ Patient Signature

_____ Date

_____ Print Name

_____ Witness

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 an 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 (See below) may be permitted without prior consent in an emergency.

FOR OFFICE USE ONLY—Record of Disclosures of Protected Health Information

<u>Date</u>	<u>Disclosed to Whom</u> <u>Address/Phone/ Fax #</u>	<u>Auth.</u> <u>(Y/N)</u>	<u>Description/Purpose of Disclosure</u>	<u>By Whom</u> <u>Disclosed</u>	<u>(1)</u>	<u>(2)</u>

(1) Type Key: T=Treatment Records, P= Payment Information, O= Healthcare Operations
 (2) How disclosure was made: F= Fax, P= Phone, E= Email, M= Mail, O= Other