



Georgia Foothills Hand Surgery
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Patient Record of Disclosures

In general, the HIPPA 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.

____ 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 mail to my office 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

Fax Number: _____

Other: _____

 Patient Signature

____/____/____
 Date

 Printed Name

____/____/____
 Birthdate

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 record of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

NOTE: Uses and disclosures for PHI may be permitted without prior consent in an emergency.

Record of Disclosures of Protected Health Information

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