CHAMIAN MEDICAL GROUP *PHONE:(702)982-6402* *FAX:(702)202-0674* *www.chamianmedicalgroup.com*

PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATION

In general, the HIPAA privacy rule gives the 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 mad 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):

☐ Home Phone ☐ Cell Phone ☐ Work Phone Other: _____

If you are unable to reach me by phone, it is ok to (check all that apply):

☐ Leave a message on the answering machine

☐ Send US Mail

☐ Send E-mail

I wish my protected health information be released to the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

☐ I do not wish my protected health information be released to anyone other than myself.

_____

SIGNATURE OF PATIENT OR AUTHORIZED PERSON **Print Name** **Date**

The HIPAA privacy rule generally requires health care providers to take reasonable steps to limit the use or disclosure of, and requests for protected health information (PHI) to the minimum necessary to accomplish the intended purposes. These Provisions do not apply to uses or disclosures made pursuant to an authorization requested by an individual.