*CHAMIAN MEDICAL GROUP PHONE:(702)982-6402 FAX:(702)202-0674* [*www.chamianmedicalgroup.com*](http://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. |