

# Glenna R. Andersen, M.D. & Darya B. Maanavi, M.D., Ltd

## 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 a correspondence to the individual's office instead of the individuals home, allowing the office to send appointment reminders by email, leave information on home and cell numbers and the ability to have others be part of your healthcare with your expressed written permission.

Please check and complete all categories. I wish to be contacted in the following ways:

Home telephone \_\_\_\_\_

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

Work telephone \_\_\_\_\_

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

Cell telephone \_\_\_\_\_

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

Written/Emailed Communication: \_\_\_\_\_

- O.K. to mail to my home address on file.
- O.K. to mail to my work/office on file.
- O.K. to fax to this number \_\_\_\_\_
- O.K to email to my personal email information
- O.K to email to my personal email appointment reminders
- O.K to email to my personal email billing information and statements
- Please provide email address: \_\_\_\_\_

### Permission to Disclose Information

- I allow Glenna R. Andersen, M.D. & Darya B. Maanavi, M.D., Ltd, its providers and staff to discuss my medical and if applicable financial and insurance information with:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of Person

Relationship

Contact Number

- I request that my medical information not be shared with anyone other than medical providers or a pharmacy.

\_\_\_\_\_  
Patient Name (printed)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient DOB