

A WOMAN'S PLACE
Obstetrics & Gynecology

HIPAA: PATIENT RESTRICTION OF DISCLOSURES

The HIPAA privacy rule, gives you, the patient, the right to request a restriction on uses and disclosures of your protected health information (PHI). Please carefully complete the following statement by initialing all options that apply:

I may be contacted in the following manner...

Home Telephone	Work Telephone	Cell Phone	Written Communication
<input type="checkbox"/> Detailed Message	<input type="checkbox"/> Detailed	<input type="checkbox"/> Detailed	<input type="checkbox"/> Detailed
<input type="checkbox"/> Limited Message	<input type="checkbox"/> Limited	<input type="checkbox"/> Limited	<input type="checkbox"/> Limited

Best Contact Number: _____

HIPAA: PATIENT DESIGNATION OF DISCLOSURES

Please Print. Only completed forms will be accepted.

The HIPAA privacy rule gives you, the patient, the right to designate a person(s), to act on your behalf.

Please carefully complete the following statement:

I designate the following person(s) to act on my behalf. Such action may include, but is not limited, the discussion of my medical and surgical care, treatment plans, prescription requests, documentation of medical records, and my financial obligation.

Full Name of Designee:

Relation to Patient:

Your Signature

Print Name

Today's Date

Date of Birth