Plano Women's Healthcare, P.A.

Drs. Heather Bellanger, Julie DaVolio, Marlene Diaz,
Arlene Jacobs, Amy Mos, Lisa Umholtz

PATIENT RECORD OF DISCLOSURE

The HIPAA Privacy rule gives individuals the right to request a restriction on notes and disclosure of their protected health information (PHT). The individual is also granted the right to request confidential communications, or that a communication be made by alternative means.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER: **(Number the selections below in order of your preference)**

____By my **home** telephone, My number is:_____

____It is ok to leave me a message with detailed information.

____It is NOT ok to leave me a message with detailed information.

____By my **cell phone**, my number is:_____

____It is ok to leave me a message with detailed information.

____It is NOT ok to leave me a message with detailed information.

____It is ok to contact me at **work** and my number is:_____

____It is ok to leave me a message at work with detailed information.

____It is NOT ok to leave me a message at work with detailed information.

____It is ok to leave a callback number ONLY at my work number.

I authorize you to discuss my medical history and release any and all medical information to the following individuals: (fill in all that apply)

____My spouse, whose name is:_____Phone_____

____My parent, whose name is:_____Phone_____

____No one other than myself

____Fill in any other name you desire:_____Phone_____

Patient or Guardian Signature:_____Date:_____

Patient Name(please print):_____Date of Birth_____

Name of legal guardian/caretaker:_____