

Sample Communication Form

The HIPAA privacy rule gives individuals the right to request a restriction on uses and/or disclosures of their personal health information, better known as PHI. The individual also has the right to request how and to whom information can be shared or communicated.

This release remains in effect unless I revoke the information below.

Signature

Date

1. I wish to be contacted in the following manner:

- Home _____
- Cell _____

Please leave a recorded message with detailed information

Yes No

Please leave a detailed message with spouse/family member

Yes No

Leave a message with only the office callback number

Yes No

2. Regarding contacting me at work:

- Please leave a recorded message with detailed information
- Please leave a detailed message with coworker
- Leave a message with only the office callback number

Yes No

Yes No

Yes No

3. Regarding written communication I agree to receive them in the following manner:

Please mail to my home.

Yes No

Please mail to my office.

Yes No

Please fax to _____.

Yes No

I authorize the release of my PHI to the following individuals:

Name

Telephone

Relationship to Patient

1.

2.

3.

Patient Signature

Date

Print Name

Date of Birth