

## THE FOOT AND ANKLE CARE CENTER

How do you prefer we contact you (Please circle first choice):

Home Telephone      Mobile      Work Telephone      Email      Fax

Cell Telephone Number: \_\_\_\_\_

\_\_\_\_ OK to leave message with detailed information

\_\_\_\_ Leave message with call back number only:

Home Telephone Number: \_\_\_\_\_

\_\_\_\_ OK to leave message with detailed information

\_\_\_\_ Leave message with call back number only.

Work Telephone Number: \_\_\_\_\_

\_\_\_\_ OK to leave message with detailed information

\_\_\_\_ Leave message with call back number only.

Written Communications:

\_\_\_\_ OK to E-mail detailed information to the following E-mail address: \_\_\_\_\_

\_\_\_\_ OK to mail reminders and other communications to my home address

\_\_\_\_ Ok to fax information to the following number: \_\_\_\_\_

The Foot and Ankle Care Center will not communicate any information to anyone including family members unless he/she names are specified below:

Name: \_\_\_\_\_ Relationship to the patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the patient: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

In general, the HIPAA privacy rule gives individual 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 PHI be made by alternative means, such as sending correspondences to the individual's office instead of the individual's home.

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and request for PHI to be minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made to pursuant to an authorization requested by the individual.