
Ann G. Borgström DDS, PC
Whole Health Dentistry

Form 6: Patient Disclosure Instructions

The privacy rule of the Health Insurance Portability & Accountability Act of 1996 (HIPAA) gives an individual the right to request a restriction on uses and disclosures of his or her protected health information.

The rule also gives the individual the right to request that communication be confidential, and that communication be made by alternative means if requested – by contacting his or her workplace, for example, rather than his or her home.

I wish to be contacted in the following manner (<i>check all that apply</i>). I am providing phone numbers and addresses where applicable:	
<input type="checkbox"/> Home phone number: <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message but provide call-back number only	<input type="checkbox"/> Cell phone number: <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message but provide call-back number only
<input type="checkbox"/> Work phone number: <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message but provide call-back number only	<input type="checkbox"/> Written communication <input type="checkbox"/> O.K. to email to: <input type="checkbox"/> O.K. to mail to my home address: <input type="checkbox"/> O.K. to mail to my work address:
<input type="checkbox"/> Other:	

I authorize you to give my clinical information to or to answer questions from (<i>check all that apply</i>):				
<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> None

Patient name	Birth date
Patient signature	Date signed