Granbury Oral and Facial Surgery

Patient Disclosure Instructions

In general, the HIPPA privacy rule gives individuals 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 of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

- ❑ Home / Cell Telephone Number _____
  - ❑ O.K. to leave a message with detailed information
  - ❑ Leave message with call back number only
- ❑ Work Telephone Number _____
  - ❑ O.K. to leave a message with detailed information
  - ❑ Leave message with call back number only
- ❑ Written Communication
  - ❑ O.K. to mail to my home address
  - ❑ O.K. to mail to my work / office address
  - ❑ O.K. to mail to my e-mail address _____

I allow you to give my clinical information to, or answer questions from (check all that apply):

- ❑ Spouse
- ❑ Parent
- ❑ Child
- ❑ Other (specify) and relationship _____
- ❑ None

Patient Signature Date

Print Name Birth Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because: ❑ Individual refused to sign ❑ Communication barriers prohibited obtaining the acknowledgement ❑ An emergency situation prevented us from obtaining acknowledgement ❑ Other (specify) _____