

HIPAA Communication Preferences

Patient Name: _____ DOB: _____

In general, the HIPAA privacy rule gives individuals the right to request a restriction of their health information. The individual is also provided the right to request confidential communications or that a communication of PHI (Protected Health Information) is made by alternative means, such as, sending information to the individual's office instead of their home.

I prefer to be contacted by:

- Cell phone
- Home phone
- Work phone
- No preference

I prefer mail to be delivered to:

- Home address
- Work address
- Other: _____

A message with details of my health information may be left on: (check all that apply)

- Cell phone
- Home phone
- Work phone
- None. Leave a message with call-back number only

I allow you to discuss details of my health information with: (check all that apply)

- Spouse
- Parent
- Son / Daughter
- Other: _____

Sign: _____ Date: _____

Print name of patient: _____

If you are signing as the patient's representative,

Print your name: _____ Describe your authority: _____