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**PATIENT RECORD DISCLOSURES**

In general, the HIPAA 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 communication of the PHI be made by alternative means, such as sending correspondence to the individual's office instead of their home.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Home Telephone _____<br><input type="checkbox"/> OK to leave message with detailed information<br><input type="checkbox"/> Leave message with call-back number only<br><input type="checkbox"/> Work Telephone _____<br><input type="checkbox"/> OK to leave message with detailed information<br><input type="checkbox"/> Leave message with call-back number only<br><input type="checkbox"/> Other _____<br>_____ | <input type="checkbox"/> Written Communication<br><input type="checkbox"/> OK to mail to my home address<br><input type="checkbox"/> OK to mail to my work/office<br><input type="checkbox"/> Address to mail to:<br>_____<br>_____<br><input type="checkbox"/> OK to fax to this number<br>Fax # _____ |
|---|---|

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date

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

Health care entities must keep records of PHI disclosures. Information provided below, if completed properly will constitute an adequate record.

**RECORD OF DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Date	Disclosed to Whom		Purpose of Disclosure	By Whom Disclosed