

Internal Medicine of West Michigan Patient Record of Disclosure

In general, the HIPAA privacy rule gives the individuals the right to request a restriction on the use and disclosure of their Protected Health Information (PHI). The individual is also provided the right to request confidential communication of their PHI or make a request of their PHI by alternative means, such as sending correspondence to the individual's office instead of individual's home. **Completion of the entire form is required to protect your health information.**

***I wish to be contacted in the following manner:**

Home Telephone: _____

Mobile Phone: _____

***REQUIRED – DESIGNATION OF PERSONS INVOLVED IN CARE:**

Provide Name(s) of all individuals with whom you allow us to share PHI with. (IE. Spouse, sibling, etc)

(Parents and Legal Guardians are assumed unless otherwise noted)

NAME	PHONE	RELATIONSHIP TO PATIENT	DATE OF BIRTH

Patient Signature: _____ **Date:** _____

Print Name: _____ **DOB:** _____

*Marital Status: (circle all that apply) M D W S