CONFIDENTIAL COMMUNICATIONS INSTRUCTIONS

The HIPAA privacy rule gives individuals the right to request restrictions on uses and disclosures of their Protected Health Information (PHI). Due to our concern for your confidentiality, we are asking that you sign a release to allow us to call you at home or work and to leave a message that identifies us as a physician's office.

University Medical Specialties

Patient Name: _____ **DOB:** _____

Please circle **YES** or **NO** I give my permission for your office staff to phone me to discuss prescriptions, test results and/or any other medical information. I understand that if I say no to the above request, I will be mailed a letter to notify me of the medical information or I will receive a request to call the office for more information.

___ **Home Telephone:** _____
Choose one: ___ Leave detailed information ___Leave message with call back number only

___ **Work / Cell** *(circle one)* **Telephone:** _____
Choose one: ___ Leave detailed phone message ___Leave message with call back number only

___ **Written Communication**
___ Mail to my home address: _____

___ **MyChart Account**

___ **Email Notifications:** Email address: _____

____ Yes I give permission to the staff to share any or all information concerning my appointments, test results, prescriptions, or care with the following individual(s)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

____ Yes I give permission for the staff to allow the following individuals to pick up prescriptions from the office on my behalf:

_____ _____
_____ _____

I understand that the above confidential communications instructions will be honored until I request and/or complete another confidential communications instruction form to replace this one.

_____ _____
Signature Patient/Parent/Guardian/Personal Representative Date

_____ _____
Print Patient/Parent/Guardian/Personal Representative Relationship to Patient