

## Patient Record of Disclosures

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Coast Medical Center, (aka: CMC) follows the HIPPA (Health Insurance Portability and Accountability Act) act gives individuals the right to request a restriction on uses and disclosures of their protected health information. The patient is provided the right to request confidential communications or that a communication be made by alternative means such as sending correspondence to the patients office instead of the patient's home.

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

- Home Telephone \_\_\_\_\_
- CMC has permission to leave message with detailed information.
  - CMC has permission to leave message with call back number only.
- Work Telephone \_\_\_\_\_
- CMC has permission to leave a message with detailed information.
  - CMC has permission to leave a message with call back number only.
- Written Communication \_\_\_\_\_
- CMC has permission to mail detailed correspondence to my home address.
  - CMC has permission to mail detailed correspondence to my work / office address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Fax number: (     ) \_\_\_\_\_
- CMC has permission to fax detailed information.

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CMC has permission to a fax with a call back number only.

E-Mail: \_\_\_\_\_

CMC has permission to E-mail message with detailed information.

Leave E-mail message with call back number only.

Ok to release my medical information to the following person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Patient Name

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

\_\_\_\_\_  
Date