

# DISCLOSURE OF PROTECTED HEALTH INFORMATION

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 communications or that a communications of PHI be made by alternative means, such as, sending correspondence to the individual's office instead of the individual's 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 | <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 address<br><input type="checkbox"/> OK to fax to designated number |
| <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 | <input type="checkbox"/> Fax Number _____<br><br><input type="checkbox"/> Other _____   |

By signing this form, I give Urology Specialists of Atlanta, LLC permission to use and disclose PHI necessary to carry out TPO (Treatment, Payment, and Healthcare Operations). This also indicates a "good faith effort" was made on behalf of Urology Specialists of Atlanta, LLC to present a copy of their "Notice of Privacy Practices" for my review.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

In addition, the Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use and disclosure of PHI to the minimum necessary to accomplish the intended purpose. These provisions **do not apply to uses or disclosures made pursuant to an authorization requested by the individual**. Healthcare entities must keep records of PHI disclosure information which are not related to TPO (Treatment, Payment, Operations) for six years. If completed properly, the form below will constitute an adequate record of disclosure.

**Record of Disclosures of Protected Health Information**

Date	Disclosed To Whom Name of Person/Entity	(1)	Description of Disclosure Purpose of Disclosure	By Whom Disclosed	(2)	(3)

(1) Check this box to indicate disclosure is authorized by the patient  
 (2) Type Key: (T) = Treatment Records; (P) = Payment Information; (O) = Healthcare Operations  
 (3) Enter how disclosure was made: (F) = Fax; (P) = Phone; (E) = E-mail; (O) = Other