BLOOD & CANCER CENTER OF EAST TEXAS, P.A.

PATIENT RECORD OF DISCLOSURE

In general, the HIPAA privacy rule gives individuals the right to request a restriction on used and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communicator of PHI be made be 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):

Home Telephone

_____ O.K. to leave message with detailed information

_____ Leave message with call-back number only

Written Communication

_____ O.K. to mail to my home address

_____ O.K. to mail to my work/office address

_____ O.K. to fax to this number

_____

Work Telephone

_____ O.K. to leave message with detailed information

_____ Leave message with call-back number only

Other

_____

_____

Patient Signature Date

Print Name Birthdate

The Privacy Rule generally requires healthcare providers to take responsible steps to limilt the use or discloser of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosers made pursuant to an authorization request by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completely properly, will consititute an edequate record.

Note: Uses and disclosures for Blood and Cancer Center of East Texas may be permitted without prior consent in an emergency.

Please list who we can disclose your information to and for what reasons. PHI is personal health information such as appoinment times, labs result, treatment times etc.

Date	To Whom Do you Wish Your PHI to be disclosed?	Address and/or Phone Number for the Person You Wish the Information to be disclosed	What PHI do you wish to be disclosed & what is the purpose of the disclosure