



A Division of
Electra Memorial Hospital

PATIENT DISCLOSURE APPROVAL

In general, the HIPAA privacy rule gives individual the right to request a restriction on uses and disclosures of their protected medical information (PHI). The individual is also provided the right to request confidential communications or the at a communication of PHI be made by alternative means, such as sending correspondence to the individual’s office instead of the individual’s home.

It is the policy of the Electra Medical Clinic to contact patients in the following manner:

- Calling to confirm patient appointments
- Leaving messages on answering machine or voicemail
- Letters regarding treatment and appointments

If you do not wish to be notified in the manner that we have listed, please let us know your preferences.

Electra Medical Clinic may release my medical and billing information to the following people:

- Spouse
- Children
- Parents
- Siblings
- Caretaker
- Other
- No One

Please list the names of those that we may release your information to:

This Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for 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. NOTE: Uses and disclosures for TPO (Treatment Payment and healthcare Operations) may be permitted without prior consent in an emergency.

I have received this office Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

(PRINT PATIENT'S NAME)

SIGNATURE

DATE