

## Release of Information

PRIVACY PRACTICES ACKNOWLEDGEMENT I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ TX Zip Code: \_\_\_\_\_

### PATIENT RECORD DISCLOSURES

In general, the HIPPA 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 communication of PHI be made by alternative means, such as correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (please give us first preference):

1. Home Phone: \_\_\_\_\_
  - Okay to leave message with detailed information
  - Leave message with call-back number only
2. Mobile Phone: \_\_\_\_\_
  - Okay to leave message with detailed information
  - Leave message with call-back number only
3. Work Phone: \_\_\_\_\_
  - Okay to leave message with detailed information
  - Leave message with call-back number only

Patient or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_