

## PATIENT CONTACT PREFERENCES

*In general, the HIPAA privacy rule gives individuals the right to request a restriction of 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 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 \_\_\_\_\_
  - OK to leave message with detailed information
  - Leave message with call-back number only
- Work Telephone \_\_\_\_\_
  - OK to leave message with detailed information
  - Leave message with call-back number only
- Cell Phone \_\_\_\_\_
  - OK to leave message with detailed information
  - Leave message with call-back number only
  - OK to text appointment information
- Written Communication
  - OK to mail to my home address
  - OK to mail to my work/office address \_\_\_\_\_
  - OK to email detailed treatment information and appointment information \_\_\_\_\_
  - OK to fax detailed treatment information to this number \_\_\_\_\_

\_\_\_\_\_  
Patient Signature /Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Birthdate