

### Patient Record of 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 sending correspondence to the individual's office instead of the home. The 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 may be permitted without prior consent in an emergency.**

#### I wish to be contacted in the following manner (check all that apply)

Home/Cell Phone  
Phone Number \_\_\_\_\_

Work Phone  
Phone Number \_\_\_\_\_

I also authorize you to speak to \_\_\_\_\_,  
relationship \_\_\_\_\_, and/or \_\_\_\_\_,  
relationship \_\_\_\_\_ on my behalf.

First & Last Name

Patient/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Treatment for Minor Children

I hereby give permission for the following individuals to bring my child into Cogdell Family Clinic for medical treatment in my absence.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

(picture ID will be required at registration)

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_