



The Eye Care Center

**179 York Road
Warminster, PA 18974
(215) 674-20/20**

Patient Record of Disclosures

In general, The HIPAA 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 corresponding to the individual's office instead of the individual's home.

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

Home Telephone @ _____

Is it okay to leave a message at this number? _____

Work Telephone @ _____

Is it okay to leave a message at this number? _____

Written Communication

Is it okay to mail recalls, or requested health information to your home address? _____

Information Disclosure

Besides those individuals associated with your healthcare treatment, operations, or payment, to whom do you permit access to healthcare records at this office?

Name Relationship

Name Relationship

Name Relationship

Name Relationship