



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 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

- Leave messages with call back number only
- Approval to leave messages with detailed information

Work Telephone

- Leave messages with call back number only
- Approval to leave messages with detailed information

Written Communications

- Consent to mail PHI to my home address
- Consent to mail PHI to my work/office address
- Consent to fax PHI to this number

My insurance information may be discussed with the following individuals:

Name and Relationship

Name and Relationship

Other: _____

Patient Signature

Date

Print Name

Birthdate

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of 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. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, this would constitute an adequate record.
Note: Uses and disclosures for TPO may be permitted without prior consent in case of an emergency.



Tranquillity Physical Therapy, Inc.

Making a Difference in Patient's Rehabilitation Care.

DISCLOSURE TRACKING LOG

PATIENT NAME: _____

MEDICAL RECORD NUMBER: _____

Date Received	Name of Requestor*	Address* if known	Brief Description of PHI disclosed *	Purpose*	Date Disclosed *	Disclosed by	Amount Billed

* Fields required by HIPAA privacy standards. computerized tracking system

Note: fields can be incorporated into a

REQUESTS FOR ACCOUNTING OF DISCLOSURES:

Requested by (Patient/Legal Rep)	Date Requested	Date Range Requested	Staff Completing Request

(Use this section to document accounting requests when a copy of this disclosure log is provided to the individual)