

# **MUDDY CREEK PEDIATRICS**

## Patient Health Information Disclosure (18 or older)

The HIPAA privacy rule was created to give individuals the right to restrict the release of their medical information and to designate to whom their information may be given.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**It is okay to contact me in the following manner:**

**Medical Issues (circle one) :**

Home Phone      Cell Phone      Work Phone      Primary email

**Appointment Reminders (circle one):**

Home Phone      Cell Phone      Work Phone      Primary email

**Recall Notices (circle one):**

Home Phone      Cell Phone      Work Phone      Primary email

**Billing Statements (circle one):**

Home Address      Other

**General Practice Notices (circle one):**

Home Phone      Cell Phone      Work Phone      Primary email

**Patient Portal Notices:**

Text to Cell      Primary email

**PHI (Patient Health Information) can be released to the following family/guardians: (circle all that apply)**

**Mother**

**Father**

**Legal Guardian**

**None**

The privacy rule requires that physicians take reasonable steps to protect PHI and limit the use and release of this information. These rules do not apply to requests made by the individuals regarding the disclosure of their information.

Healthcare records must reflect all PHI release.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date