

SURGICAL ASSOCIATES USE/RESTRICTION OF PATIENT INFORMATION

In general, the HIPAA privacy rules give 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 individuals' home.

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

- | | |
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| <p><input type="checkbox"/> Home Telephone _____</p> <ul style="list-style-type: none"><input type="checkbox"/> O.K. to leave message with detailed information<input type="checkbox"/> Leave message with call-back number only <p><input type="checkbox"/> Work Telephone _____</p> <ul style="list-style-type: none"><input type="checkbox"/> O.K. to leave message with detailed information<input type="checkbox"/> Leave message with call-back number only <p><input type="checkbox"/> Cell Phone _____</p> <ul style="list-style-type: none"><input type="checkbox"/> O.K. to leave message with detailed information<input type="checkbox"/> Leave message with call-back number only | <p><input type="checkbox"/> Written Communication</p> <ul style="list-style-type: none"><input type="checkbox"/> O.K. to mail to my home address<input type="checkbox"/> O.K. to mail to my work/office address<input type="checkbox"/> O.K. to fax to this number _____<input type="checkbox"/> O.K. to email to this email address: _____ <p><input type="checkbox"/> Verbal Communication</p> <ul style="list-style-type: none"><input type="checkbox"/> O.K. To release information verbal to _______________ |
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The Privacy Rule generally requires health 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.

If you have any questions regarding our health information privacy practices, please contact us at (406) 238-6470 or by writing to Surgical Associates, PC, Privacy Officer, 2900 12th Ave. N., Suite 355W, Billings, Montana 59101

Patient Signature Date

Patient Name: _____