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**PATIENT RECORD OF DISCLOSURES**

*In general, the HIPAA privacy rule gives individuals the right to request a restriction on users 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 is made by alternative means, such as sending correspondence to the individual's office instead of home address.*

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

- Home telephone \_\_\_\_\_
- Ok to leave message with detailed information
- Leave message with call back number only
- Work telephone
- Ok to leave message with detailed information
- Written Communication
- Ok to mail to my home address
- Ok to mail my work/office address
- Other
- Leave message with call back number

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and request for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses of disclosures made pursuant to an authorization to an authorization requested by the individual.*

*Healthcare entities must keep record of PHI disclosures. Information provided below if completed properly will constitute an adequate record.*

*Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.*

**Record or Disclosures of Protected Health Information**

Date	Disclosed To Whom Address/Fax #	(1)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2)	(3)

(1) Check this box if the disclosure is authorized  
 (2) Type Key: T = treatment records, P = payment information, O = healthcare operations  
 (3) Enter how disclosure was made: F = fax, E = email, M = mail, O = ot