

## Patient Contact Sheet

In general, the HIPPA 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** (please check all that apply and provide contact info)

Cellphone (this is not encrypted/protected information) \_\_\_\_\_

- ☐ Ok to leave message with detailed information
- ☐ Leave message with call back number only
- ☐ Do not call or leave messages here

Work/Home Phone \_\_\_\_\_ Other (please specify) \_\_\_\_\_

- ☐ Okay to leave messages with detailed information
- ☐ Leave messages with call back information only \_\_\_\_\_
- ☐ Do not call or leave messages here

E-mail communication (this is not encrypted/protected information) \_\_\_\_\_

- ☐ Okay to leave message with detailed information
- ☐ Okay to leave message but do not leave any detailed information
- ☐ Do not e-mail me

Written Communication \_\_\_\_\_

- ☐ Okay to mail to my home address
- ☐ Okay to mail to my work address
- ☐ Okay to fax to this number \_\_\_\_\_
- ☐ Do not mail me

It is okay to discuss my personal health information, appointment information, and insurance information with the following people.

Spouse/family member \_\_\_\_\_

Primary Care provider/Specialist \_\_\_\_\_

Therapist/Mental Health Counselor \_\_\_\_\_

Other \_\_\_\_\_

I understand that the use of cell phones and e-mail are not encrypted methods of communication and that my confidentiality as a patient may not be fully protected due to the nature of the internet. If I choose to use my cell phone and e-mail to communicate with Dr. Anne Hill and her staff I understand the risks that I am taking with my protected health information.

Dr. Hill's scheduling and appointment reminder e-mails are within an encrypted/secure system.

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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth