

## HIPAA UPDATE 2018

NAME (Last, First, Middle)	BIRTHDAY (MM/DD/YYYY) / /
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### PATIENT RECORD OF DISCLOSURES

In general, the **HIPAA privacy rule** gives the individual 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 all communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

#### PARENTS:

If parents of the underaged patient (Under the age of 18) are divorced, please check the box and indicate if the other parent will have access to the patient's chart below and write their name down in the blanks provided.

Are Parents Divorced? →	<input type="checkbox"/> Yes, Parents are divorced	<input type="checkbox"/> Parents listed below have the right to participate in child's healthcare
Yes, allowed access or No one is allowed access? →	<input type="checkbox"/> <b>YES</b> , others can access my information <i>(if yes, please list person(s) below)</i>	<input type="checkbox"/> <b>No one</b> is allowed to access patient's chart

#### **\*\*CONFIDENTIALITY CLAUSE**

I authorize the VERBAL and/or WRITTEN release of my information and test results to my specified person(s) in the event that I am not available:

Full Name	Relationship
1.) _____	_____
2.) _____	_____
3.) _____	_____

#### EMERGENCY CONTACT INFORMATION

Name	Relationship	Home Phone ( ) -	Cell Phone ( ) -
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_