



Patient Preferred Communication Method

In general, the HIPAA 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.

Please circle yes or no to the following questions so that we can contact you in the most efficient way possible.

- May we send/receive clinical information from health care providers participating in your care? ☐ Yes ☐ No
- If you have an answering machine at home, may we leave a message? ☐ Yes ☐ No
- May we mail written communication to your home address? ☐ Yes ☐ No
- May we leave a message at your work for you to call our office? ☐ Yes ☐ No
- Is there a person at your house that we may leave a message with? ☐ Yes ☐ No

If yes, please provide household member's name: _____

List below any person/persons authorized by you to discuss your medical information:

First Name:	Last Name:	Relationship to Patient:	Phone Number:
1. _____	_____	_____	(____) _____
2. _____	_____	_____	(____) _____
3. _____	_____	_____	(____) _____

By signing below, I authorize FMC to use/disclose my health information in a manner consistent that stated in the Notice of Privacy Practices that I have received.

Patient Signature: _____ **Date:** _____

Guardian's Name: _____ **Relationship to Patient:** _____

Parent or Guardian Signature: _____ **Date:** _____

The Privacy Rule generally requires healthcare 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 Treatment, Payment, and Healthcare Operations (TPO) may be permitted without prior consent.