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PATIENT RECORD OF DISCLOSURES

In general, the HIPPA Privacy Rule gives patients the right to request on uses and disclosures of their protected health information (PHI). The patient is also provided the right to request confidential communication or that a communication of PHI be made by alternative means, such as sending correspondence to the patient's office instead of the patient's home. This information will remain in effect until revoked in writing.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY):

HOME TELEPHONE _____

O.K. TO LEAVE MESSAGE WITH DETAILED INFORMATION

LEAVE NAME/DOCTOR WITH CALL BACK NUMBER ONLY

WORK TELEPHONE _____

LEAVE DETAILED MESSAGE ON WORK VOICE MAIL

LEAVE MESSAGE WITH NAME/DOCTOR & CALL BACK NUMBER ONLY

WHEN UNABLE TO CONTACT ME BY PHONE, A WRITTEN COMMUNICATION
MAY BE SENT TO MY HOME ADDRESS

OTHER: _____

Patient Name

Date

Patient Signature (or signature of Parent/Guardian)

Relationship to Patient