

Notice of Privacy Practices



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.

Acknowledgement of Receipt and Disclosures of Health Information

I hereby acknowledge that I have received a copy of Tallman Dermatology's Notice of Privacy Practices.

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

- | | |
|--|--|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K. to mail to my home address
<input type="checkbox"/> O.K. to mail to my work/office address
<input type="checkbox"/> O.K. to fax to this number _____ |
| <input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Verbal Communication
O.K. to release information verbally to:
Name: _____
Name: _____
Name: _____ |
| <input type="checkbox"/> Cell Phone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | |

Printed name of patient

Signature of patient
*(or patient's representative if patient is a minor
or is unable to sign)*

Printed name of patient's representative

Date

Relationship to patient

It is the patient's responsibility to provide updates or changes to this information.

The Privacy Rule generally requires health 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 in an emergency.