

Patient Contact Information Restriction

IRINA JASPER M.D.
960 E. GREEN ST. STE. 286
626-356-0340

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 alternative means of communicating PHI, (protected health information)

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

- **Home or cell Telephone** _____
- OK to leave message with detailed information
- Leave Message with call back number only
- **Work Telephone** _____
- OK to leave message with detailed information
- Leave Message with call back number only
- **Written Communication**
- OK to fax to _____
- OK to email _____

I hereby consent to the release of Protected Health Information to the following individuals (and they may bring my child or children for appointments). I understand this authorization will be in effect until which time it is revoked.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Patient Signature	Date
_____	_____
Print Name	Birth Date