

PATIENT CONSENT TO SHARE HEALTH INFORMATION
deRamon PSI

In general, the HIPPA 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 is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I agree to be contacted in the following manner regarding my PHI(check all that apply):

Patient Name/DOB

Cell Telephone # _____

E-mail address _____

(please check) call ___ texts ___

___ O. K. to leave msg. with detailed info.

___ OK to contact via e-mail

___ Leave msg. with call-back # only

Home Telephone # _____

Written Communication ___

___ O.K. to leave msg. with detailed info.

___ O.K. to mail to my home address

___ Leave msg. with call-back # only

My health information may be shared with:

Name

Phone#

Relationship: spouse, parent, sibling, other _____

Patient Signature

Date