



## Protected Health Information Disclosure Approval

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.

Electra Medical Clinic or an associated third party may contact patients in the following manner:

- Calling telephone numbers associated with your account, including wireless telephones
- Leaving messages on answering machine or voicemail
- Sending text messages or e-mails
- Mailing information to provided address

Methods of contact may include pre-recorded messages, artificial voice messages, and/or use of an automatic dialing device.

If you do not wish to be notified in the manner that we have listed, please let us know your preferences.

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**Electra Medical Clinic may release my medical and billing information to the following people:**

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This Privacy Rule requires healthcare providers to take reasonable steps to limit the use or disclosure of PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made at the request of the individual.

I have received a Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Patient Name (printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Name (printed): \_\_\_\_\_ Relationship: \_\_\_\_\_