OCEAN DENTAL EXPRESSIONS
PATIENT RECORD OF DISCLOSURE

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI) using electronic communication. The patient 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 home.

Generally, we contact patients for a variety of reasons, including appointment scheduling, billing, and reminders that do not involve PHI.

When dealing with Personal Health Information (PHI), Please check the following methods that you DO NOT wish us to use:

- ☐ **Home Phone: Do not use**
- ☐ **Cell Phone: Do not use**
- ☐ **Work Phone: Do not use**
- ☐ **Email: Do not use**
- ☐ **Mailings: Do not use**

- ☐ **Other_____**

_____ _____
Patients Signature **Date**

_____ _____
Print Name **Date of Birth**

Date	Disclosed to whom, address or fax number		Description of disclosure / purpose of disclosure	By whom disclosed