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HIPAA Uses and Disclosures of PHI to the Patient

HIPPA Privacy Rules 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 to the individual's home.

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

Oral Communication

Home Phone _____ Work Phone _____ Cell Phone _____

____ OK to leave message with detailed information at **home, work, cell** (circle all that apply, cross out ones that do not apply)

____ Leave message with call back number only at **home, work, cell** (circle all that apply, cross out ones that do not apply)

____ Other instructions _____

Written Communication

____ OK to mail to my home address OK to fax to this number _____

____ OK to mail to my work/office address which is _____

____ Other information/address, etc _____

Electronic Communication

____ OK to communicate with me via email, text, patient communicator reminder system, or through my patient portal

I permit the physician to discuss my PHI with, and to disclose my PHI to the following individuals. Please list their name and telephone number.

____ Spouse _____

____ Adult child(ren) 18 and over _____

____ Emergency contact (not your home phone number) _____

____ Other _____

____ If checked, the following additional instructions apply _____

Patient's Name _____ **Date** _____

Patient or Parent/Guardian Signature _____

Patient Emergency contact name and phone number (not your home/cell phone number) List below

