

DESERT BLOOM OB/GYN

PATIENT'S PREFERRED METHOD OF COMMUNICATION

Patient Name

DOB

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. Desert Bloom OB/GYN will make a reasonable attempt to communicate with patient according to the patient's request indicated below.

I wish to be contacted by Desert Bloom OB/GYN in the following manner (check all that apply):

- Home Telephone** _____
- O.K. to leave message with detailed information
- Leave message with callback number only
- OK to leave a message with person listed below

- Written Communication**
- O.K. to mail to my home address
- O.K. to mail to my work/office address
- O.K. to fax to this number _____

OK to leave a message with person listed below:

- Work Telephone** _____
- O.K. to leave message with detailed information
- Leave message with callback number only: _____

Other: _____

Patient Signature (or authorized representative)

Date

Printed Name and Relationship (if signed by other than patient) DOB