

TOLEDO SURGICAL SPECIALISTS, INC.
Protected Health Information (PHI)

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 protected health information be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

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

Oral Communication

- | | |
|--|--|
| <input type="checkbox"/> Home telephone # _____ | <input type="checkbox"/> Work telephone # _____ |
| <input type="checkbox"/> O.K. to leave message with detailed information | <input type="checkbox"/> O.K. to leave message with detailed information |
| <input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Leave message with call-back number only |
| <input type="checkbox"/> Other _____ | |

Written Communication

- | | |
|---|---|
| <input type="checkbox"/> O.K. to mail to my home address | <input type="checkbox"/> O.K. to fax to this number _____ |
| <input type="checkbox"/> O.K. to mail to my work/office address | <input type="checkbox"/> Other _____ |

I permit the Practice to discuss my PHI with, and to disclose my PHI to, the following individuals:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone</u>

If checked, the following additional instructions apply:

Signature _____

Date _____