



LifeTime Health Center  
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## 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). The individual is also provided the right to request confidential communications or a communication of PHI be made by means such as sending correspondence to an address other than home.

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

**Home Telephone:**

- OK to leave message with detailed information  
 Leave message with call back number only  
 OK to fax to this number \_\_\_\_\_

**Written Communications:**

- OK to mail home address  
 OK to mail work/office

**Work Telephone:**

- OK to leave message with detailed information  
 Leave message with call back number only

**Other:**

- OK to email to this address:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Birth Date

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization request by the individual.

**Uses and Disclosures for LifeTimeHealthCenter may be permitted without prior consent in an emergency.**

Healthcare entities must keep records of PHI disclosures. Information provided below will constitute this record. Please list who we may disclose information to such as appointment times, lab results or medication information.

Disclose information to:	Address or Phone #:	Disclose this information: