

*Abilene Physicians Group
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In general, the HIPPA privacy rule gives individuals the right to request a restriction on notes and disclosures of their protected health information (PHI). The individual is also granted the right to request confidential communications or that a communication may be made by alternative means such as sending correspondence to the individual's place of business instead of the individual's home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (Check all that apply):

- ↑ Home telephone; which is _____
- ↑ Leave message with call back number only
- ↑ (It is our policy **not** to leave a detailed message); However, you may check this box if you prefer that a detailed message be left rather than a "please call back" message.
- ↑ other: Ok to leave a detailed message with the following:
___ Spouse ___ Mother ___ Father ___ Sister ___ Brother

Their name: _____

Other person: _____

↑ Cell phone #: _____

The authorization may be rescinded at any time by the patient as long as this office receives written request at least 10 days before effective date.

- ↑ Written communication
- ↑ Ok to mail to my home address
- ↑ Ok to mail to an alternative address, which is:

↑ Ok to mail to my workplace, which is:

↑ Okay to fax to this number:

Patient Signature

Date

The privacy Rule generally requires healthcare providers to take reasonable means to limit the use or disclosure of, and requests for PHI. We will do all in our means to accomplish the intended purpose. The provisions do not apply to notes or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosure information provided below if not notated in the body of the patient's chart notes. Please note: uses and disclosures may be permitted without prior consent in an emergency.