HANDLING OF YOUR PROTECTED HEALTH INFORMATION (PHI)

May I leave a message on your home/cell answering machine? ☐ Yes ☐ No
May I leave an e-mail to remind you of upcoming appointments? ☐ Yes ☐ No
E-mail address: _____
May I text you regarding an upcoming appointment? ☐ Yes ☐ No
Cell number: _____ Carrier: (ex. T-Mobile) _____

Is there an alternate phone number I can call? ☐ Yes ☐ No
Contact name and phone number: _____

Emergency contact name: _____ Relationship: _____
Phone number: _____

Only if you want communications regarding your billing or health care information sent to an **alternate address** other than your residence, please specify here: Attn. _____

_____
Address *City* *State* *Zip Code*

May I share information regarding appointments or billing inquiries only with your spouse or immediate family member? ☐ Yes ☐ No Names: _____

If the client is a Minor, the Legal/Custodial Guardian(s) is/are:
_____ Biological Parent(s) Names: _____
☐ Married ☐ Never married ☐ Divorced ☐ Separated
_____ Adoptive Parent(s) Names: _____
_____ Foster Parent(s)/CPS Names: _____
_____ Other - Names and relation to client: _____

Minor Child Treatment Information may be shared with the Non-Custodial Parent (if not specified otherwise in the court order): ☐ Yes ☐ No Non-Custodial Parent Name: _____

I request the following protected health information (PHI) to be **restricted for disclosure**: _____
_____
To Whom Do These Limits Apply (be specific)_____
All reasonable requests to restrict disclosure will be respected within the HIPAA guidelines and as required by law. You have the right to request restrictions; however, I am not required to agree to your request. I have the right to use/disclose PHI without consent in the following circumstances: Abuse, Judicial Proceedings, Serious Threat to Health Safety, National Security, FDA, Worker's Comp, Coroner Medical Examiner, etc.

_____ _____ _____
Patient Signature (if 15 years or older) *Initials* *Date*

_____ _____ _____ _____
Legal Guardian Signature *Relationship to Client* *Initials* *Date*