

Advanced Reproductive Center of Hawaii

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PATIENT RECORD OR DISCLOSURES

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.

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

- | | |
|--|--|
| <input type="checkbox"/> Home Telephone _____
<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 husband
Name of Spouse: _____

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

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

<input type="checkbox"/> Cell Telephone _____
<input type="checkbox"/> O. K. to leave message with detailed info.
<input type="checkbox"/> Leave message with call-back number only |
|--|--|

If my spouse inquires about my appointment (in person):

- | | |
|--|--|
| <input type="checkbox"/> O. K. to inform him/her that I am in the office | <input type="checkbox"/> O.K. to escort him/her back into the exam room to be with me during my appointment. |
|--|--|

Patient Signature

Date

Print Name

Birth Date

The Privacy Rule generally healthcare providers to take reasonable steps to limit the use of disclosures of, and requests to protected health information (PHI) to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Note: Uses and disclosures for TPO may be permitted without prior consent ion an emergency.

Record of Disclosures of Protected Health Information (OFFICE USE)						
Date	Disclosed to Whom Address or Fax Number	(1)	Description of Disclosures Purpose of Disclosure	By Whom Disclosed	(2)	(3)

(1) Check this if the disclosure is authorized

(2) Type key: T=Treatment Records; P=Payment Information; O=Healthcare Operations; A=Authorization on File; D=Discretionary

(3) Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail; O=Other