

Lake Pointe Pediatric Associates, P.A.

PATIENT INFORMATION DISCLOSURE INSTRUCTIONS

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosure 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 in the following manner (check all that apply):

- Home Telephone _____
 O.K. to leave messages with detailed information
 Leave message with call-back number only

- Written communication
 O.K. to mail to my home address
 O.K. to mail to my work/office address
 O.K. to fax to this number _____

- Cell Telephone _____
 O.K. to leave messages with detailed information
 Leave message with call-back number only

- Other _____

- Work Telephone _____
 O.K. to leave message with detailed information
 Leave message with call-back number only

Parent/Guardian's Signature

Date

List Names of Patients Seen at Lake Pointe Pediatric:

| Name (Please Print) | DOB |
|---------------------|-----|
| | |
| | |
| | |
| | |
| | |