

**HEAR CLEARLY**  
**Dr. Susan Antonellis**  
**1025 Northern Blvd. Suite 304**  
**Roslyn, NY 11576**

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 in the following manner: (PLEASE INITIAL EACH THAT APPLY)

Home/Cell Telephone, messages may be left on voice mail or answering machines.

Work Telephone, messages may be left on voice mail or answering machines.

Written Communication, mail can be sent to my home.

Electronic Communication, information may be sent via email and/or texts.

I allow Dr. Susan Antonellis to give my clinical/financial information to or answer questions from (PLEASE INITIAL EACH THAT APPLY)

Spouse \_\_\_\_\_

Parent \_\_\_\_\_

Child \_\_\_\_\_

Other \_\_\_\_\_

None \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge that I have received and reviewed a copy of this practice's Notice of Privacy Practice. I have been given the opportunity to ask any questions I may have regarding this Notice.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date