**Angie Simon, LCSW**

**615-948-1753**

**Information Regarding Patient Disclosure**

The HIPPA privacy rule gives each individual the right to request a restriction on the use and the disclosure of their patient health information. Each individual also has the right to request confidential communications and/or that confidential personal health information be made by alternative means, such as sending correspondence to an alternative address.

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

●**Written communication**

\_\_\_\_\_\_ It is okay to send mail to my home address.

\_\_\_\_\_\_ It is okay to send mail to my work address.

●**Home telephone**

\_\_\_\_\_\_ It is okay to leave a message with detailed information.

\_\_\_\_\_\_ I would prefer that you leave a message with call back number only.

●**Work telephone**

\_\_\_\_\_\_ It is okay to leave a message with detailed information.

\_\_\_\_\_\_ I would prefer that you leave a message with call back number only.

**●Cell Number**

\_\_\_\_\_\_ It is okay to leave a message with detailed information.

\_\_\_\_\_\_ I would prefer that you leave a message with call back number only.

Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_