

MJ MEDICAL GROUP

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER
(CHECK ALL THAT APPLY)

HOME TELEPHONE

_____ O.K. to leave message with detailed information.

_____ Leave message with call-back number only.

CELL PHONE

_____ O.K. to leave message with detailed information.

_____ Leave message with call-back number only.

WORK TELEPHONE

_____ O.K. to leave message with detailed information.

_____ Leave message with call-back number only.

WRITTEN COMMUNICATION

_____ O.K. to mail medical information to my home address.

_____ O.K. to mail medical information to my work address.

_____ O.K. to fax referrals and/or medical information to _____

OTHER _____

PATIENT SIGNATURE _____

PARENT FOR MINOR _____

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosure of health information (PHI). The individual is also provided the right to request confidential communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of his or her home.