



Jordan Orthopedic Clinic

1201 S, Douglas, Suite H, Midwest City, OK 73 130

Phone 405-732-7777 * Fax 405-610-7785

PATIENT RECORDS OF DISCLOSER

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health (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: _____

Written Communication.

OK to leave message with detailed info.

OK to mail to my home address.

Leave message with call back number only.

OK to mail to my work/office

OK to fax to this number.

Work Telephone: _____

OK to leave message with detailed info.

Leave message with call back number only.

I authorize the following persons to have access to medical information:

* The Notice of Privacy Practices was made available to me. *

Patient Signature

Date