

Copperfield Allergy & Asthma Center & Katy Prairie Allergy & Asthma Center

Offices of Douglas K. Schreiber, M.D.

Certified by the American Board of Allergy and Immunology & American Board of Internal Medicine

PATIENT DISCLOSURE INSTRUCTIONS

In general, the HIPAA privacy rules give 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.

Patient Name _____ DOB _____

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

- Cell phone** _____
 - _____ O.K. to leave a message with detailed information
 - _____ Leave a message with call-back information only

- Home phone** _____
 - _____ O.K. to leave a message with detailed information
 - _____ Leave a message with call-back information only

- Work phone** _____
 - _____ O.K. to leave a message with detailed information
 - _____ Leave a message with call-back information only

- Written communication**
 - _____ O.K. to mail to my home address

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_____ O.K. to mail to my work address

_____ O.K. to fax to the following number

I will allow you to give my clinical information to or answer questions from:

(check all that apply)

- Spouse _____
- Parent _____
- Child _____
- Other (specify) _____
- None

Patient / Parent / Guardian Signature

Date