

ADVANCE SPINE REHABILITATION CENTER

45 ACADEMY STREET SUITE 401
NEWARK, NJ 07102

TELEPHONE: (973) 242-1402
FAX: (973) 242-8411

PATIENT DISCLOSURE CONSENT

HIPAA privacy rules give individuals the right to request a restriction of uses and disclosures of their protected health information. The individual is also provided the right to request confidential communications or that communications be made via alternative means such as sending information to the individual's place of employment instead of their home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (check all that apply)

Home Telephone _____
 OK to leave a detailed message
 Leave a message with a callback number only

Work Telephone _____
 OK to leave a detailed message
 Leave a message with a callback number only

Beeper Number _____
 Enter callback number only
 OK to leave a voicemail with detailed information

Cell phone number _____
 OK to leave a voicemail with detailed information

Alternate telephone number _____

Contact person _____
 Ok to leave a detailed message
 Leave a message with a callback number only

PRIVACY RULES REQUIRE US TO TAKE REASONABLE STEPS TO LIMIT THE USE OR DISCLOSURE OF YOUR INFORMATION TO THE MINIMUM NECESSARY TO ACCOMPLISH THE INTENDED PURPOSE. USES AND DISCLOSURES ARE PERMITTED WITHOUT PRIOR CONSENT IN AN EMERGENCY.

Signature

Print Name

Date