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PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives 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 communication 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.

PLEASE CHECK THE BLANKS BELOW WHICH BEST DESCRIBE HOW YOU WOULD LIKE TO BE CONTACTED.

___ At Home:

- ___ O.K. to leave message with detailed information.
- ___ Leave message with call-back number only.
- ___ O.K. to mail correspondence.

___ At Work:

- ___ O.K. to leave message with detailed information
- ___ Leave message with call-back number only.
- ___ O.K. to mail correspondence.

PLEASE LIST WITH WHOM WE MAY DISCUSS YOUR TREATMENT, DIAGNOSIS, TEST RESULTS, PATHOLOGY REPORTS OR ACCOUNT INFORMATION. (IF YOU DON'T LIST THEM, WE WON'T TALK TO THEM).

_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone

I acknowledge receipt of my Patient Privacy Notice and the above information is accurate.

Signature

Date

Print Name