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CLIENT RECORD OF DISCLOSURE

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In general, the HIPPA Privacy Rule gives individuals the right to request a restriction on uses and disclosures of personal 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 home.

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

___ Home telephone: _____

___ O.K. to leave message with detailed information

___ Leave a message with a call-back number only

___ Work telephone: _____

___ O.K. to leave message with detailed information

___ Leave a message with a call-back number only

___ Cell phone: _____

___ O.K. to leave message with detailed information

___ Leave a message with a call-back number only

___ Written communication

___ O.K. to mail to my home address

___ O.K. to mail to my work/office address

___ O.K. to fax to this number _____

___ O.K. to e-mail to this address _____

___ O.K. to leave a message with detailed information

___ Leave only non-identifying information

___ Other instructions: _____

NAME - Please Print

NAME - Signature

DATE

Birth Date