

Release of Information

Patient's Name: _____

MRN #: _____

In general, the HIPPA privacy rule gives individuals the right to request the 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.

Please check all that apply

- Home Telephone: _____
 - Leave voice message with detailed information
 - Leave voice message with call back number only
- Cell/ Smartphone _____
 - Leave voice message with detailed information
 - Leave voice message with call back number only
- Mail to home address**
- Work Telephone: _____
 - Work/Leave message with detailed information
 - Work/Leave message with call back number only

The Patient Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for the PHI to the minimum, necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures information provided below.

Please indicate to whom American Indian Health Service of Chicago may release information to other than billing persons or Healthcare professionals.

Name:	Telephone Number:	Relationship:

This agreement will remain In effect until notification, of any changes or corrections, is received by American Indian Health Service of Chicago from the patient or guardian

Patient/Parent Guardian Signature

Print Name

Date