PATIENT RECORD OF DISCLOSURES

You may request to receive confidential communications of your protected health information (PHI) from Family Consultation Services, Inc. therapists by alternative means or at alternative addresses. For example, you may not want your bills to go to your home where a family member might see them. Family Consultation Services, Inc. therapists cannot ask you the reason for your request, and will accommodate all reasonable requests that you make. If you make a special request, you must give an alternative address or other method of contacting you.

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

☐Home telephone (_____)_____
- ☐Okay to leave message
- ☐Leave call-back number only

☐Work telephone (_____)_____
- ☐Okay to leave message
- ☐Leave call-back number only

☐Written communication
- ☐ okay to mail to my home
- ☐ okay to mail to my work/office

☐Cell _____
- ☐Okay to leave message
- ☐Leave call-back number only

☐ E-mail _____

Patient/guardian signature	Print Name	Relationship
Patient/guardian signature	Print Name	Relationship

All disclosures will be made pursuant to the guidelines and requirements as detailed in the "Notice of Privacy Practices". Healthcare entities must keep a record of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Date: _____ Date of Birth: _____

Date	Disclosed to	(1)	Purpose of Disclosure	By Whom Disclosed	(2)	(3)

(1) Check this box if the disclosure is authorized
(2) Type key: T=Treatment Records; P = Payment information; S = dictated summary O= healthcare operations
(3) Enter how disclosure was made: F=Fax; P=Phone; M=mail; O=other

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