

Patient Contact Information Restriction

For the office of:
West Coast Ob/Gyn, Inc
7695 Cardinal Court, Suite 240
San Diego, CA 92123
Phone: 858-277-9378

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 communications or alternative means of communicating PHI, such as sending correspondence to the individual's office instead of their home.

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

- Best Contact Phone Number:** _____
 - Ok to leave message with detailed information
 - Leave Message with call back number only
- Work Number** _____
 - Ok to leave message with detailed information
 - Leave Message with call back number only
- Written Communication**
 - Ok to mail to my home address
 - OK to mail to my work/office address
 - OK to fax to _____
 - Other _____

I hereby consent to the release of Protected Health Information to the following individuals. I understand this authorization will be in effect until which time it is revoked.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
Patient Signature	Date
_____	_____
Print Name	Date of Birth