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The Privacy Rule generally requires health care providers to take reasonable steps to limit the use or disclosure of, and request for PHI to the minimum necessary to accomplish the intended purpose. The provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Health care entities must keep records of PHI disclosures. Information provided below, if completed properly will constitute an adequate record. **NOTE: USES AND DISCLOSURES MAY BE PERMITTED WITH OUT PRIOR CONSENT IN AN EMERGENCY!**

PATIENT RECORD OF DISCLOSURES

In general, the HIPPA 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 that a communication of the PHI is made by alternative means such as sending correspondence to the individuals office instead of their home.

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

☐ HOME TELEPHONE () _____

_____ Ok to leave a message with detailed information

_____ Leave a message with call back number ONLY

☐ CELL PHONE () _____

_____ Ok to leave a message with detailed information

_____ Leave a message with call back number ONLY

☐ WORK TELEPHONE () _____

_____ Ok to leave a message with detailed information

_____ Leave a message with call back number ONLY

☐ WRITTEN COMMUNICATION

_____ Ok to mail to my home address

_____ Ok to EMAIL - email address: _____

☐ OTHER: PLEASE SPECIFY: _____

PERSONAL CONTACTS OR FAMILY THAT YOUR PHYSICIAN /STAFF ARE ALLOWED TO SPEAK TO:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>TELEPHONE</u>

I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES AND PATIENT PROVIDER AGREEMENT (PCMH)

Patient Signature: _____ Date: _____

Patient Name (Printed) _____ Date of Birth: _____