



EAST BAY BRAIN & SPINE

MEDICAL GROUP

COMMUNICATION PREFERENCES

This form lets us know the best telephone numbers to contact you, numbers you authorize us to be able to leave detailed personal Protected Health Information (PHI), and addresses and faxes to which we can send your PHI if needed.

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (HJPI). The individual is also provided the right to request confidential communications or alternative means of communicating PHI, such as sending correspondence to the individual office instead of their home.

Patient Name:	Patient DOB:
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CONTACTING YOU BY TELEPHONE

	Ok to leave a detailed message that might include PHI	Ok to leave a message with callback number only
Home Phone Number:	Yes No	Yes No
Cell Phone Number:	Yes No	Yes No
Work Telephone Number:	Yes No	Yes No
Other Number:	Yes No	Yes No

CONTACTING YOU IN WRITING

OK to mail correspondence containing PHI information to my home address :	Yes No
OK to mail correspondence containing PHI information to my work/office address below:	Yes No
OK to fax correspondence containing PHI information to this number:	Yes No

*Signature of Patient/Legal Representative/
Spouse/Financially Responsible Party*

Date/Time

Relationship to Patient