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PATIENT DISCLOSURE INSTRUCTIONS

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 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.

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

Home telephone

- OK to leave message with detailed information
- Leave message with call-back number only
- OK to fax to number indicated

Written Communication

- OK to mail to my home address
- OK to mail to my work/office address

Work telephone

- OK to leave message with detailed information
- Leave message with call-back number only
- OK to fax to number indicated

Other

- OK to telephone the cell number indicated
- OK to contact me at the e-mail address indicated

I allow you to give my clinical information to or answer questions from (*check all that apply*):

- Spouse
- Parent
- Child
- Other _____
- None

Patient Signature

Date

Print Name

Birth Date