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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 via e-mail at the 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)