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Patient Record Of Disclosure

The HIPPA Privacy rule gives individuals the right to request a request a restriction on notes and disclosure of their protected health information (PHI). The individual is also granted the right to request confidential communications, or that a communication be made by alternative means.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER:
(only mark preferred selections)

- On my home telephone, My number is: _____
- It is ok to leave me a message with detailed information.
- It is NOT ok to leave me a message with detailed information.
- On my cell phone, My number is: _____
- It is ok to leave me a message with detailed information.
- It is NOT ok to leave me a message with detailed information.
- It is ok to contact me at work and my number is _____
- It is ok to leave me a message with detailed information.
- It is NOT ok to leave me a message with detailed information.
- It is ok to leave a callback number ONLY at my work number.

I authorize you to discuss my medical history and release any and all medical information to the following individuals: (fill in all that apply)

_____	Relationship: _____	Tel: _____
_____	Relationship: _____	Tel: _____
_____	Relationship: _____	Tel: _____

Patient Signature: _____
Print Name: _____
DOB: _____

Name of Legal guardian/caretaker: _____