



The Virginia Center for Allergy & Asthma

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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 is 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 applies):

Home Telephone: _____

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

Work Telephone: _____

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

You can discuss my medical history with:

Name and telephone number

Relationship to patient

The patient is a minor child and all medical information can be discussed with guardian/parent of child.

Parent/Guardian Name

Parent/Guardian Signature

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. To assist us with this requirement, our office will only release information with a written request signed by the patient or legal guardian of said patient. This includes requests made by other physicians and their office. Our office will supply the proper form. Note: Uses and disclosures for PHI may be permitted without prior consent in an emergency. All authorizations will be in effect until revoked in writing by the patient.

Patient/Parent/Guardian Signature

Date

Printed Name for above signature if Parent

Date of Birth

Patient name if Minor Child