



Thomas P. McHugh, M.D., P.A.

Board Certified Plastic Surgeon
Specializing in Cosmetic Surgery

*Diplomate, American
Board of Plastic Surgery*

PATIENT RECORD DISCLOSURES

PLEASE READ CAREFULLY AND SIGN:

In general, the HIPPA 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 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 _____
 ___ Okay to leave message with detailed information
 ___ Leave message with call back number only
- WORK TELEPHONE _____
 ___ Okay to leave message with detailed information
 ___ Message with call back number only
- WRITTEN INFORMATION
 ___ Okay to mail to my home address
 ___ Okay to mail to my work address
 ___ Okay to fax to this number: _____
- YOU MAY RELEASE INFORMATION TO THE FOLLOWING:

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

Patient's Name

Date

Patient's Signature