

Department of Public Health and Social Services
Guam Breast and Cervical Early Detection Program

Protected Health Information Disclosure

In general, the HIPAA Privacy Rule gives individuals the right to request a restriction on use and disclosure of their Protected Health Information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI to 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 regarding my appointments, results, referrals or other medical information (please check all that apply):

- Home Telephone: _____
- Work Telephone _____
- Okay to leave detailed message
- Okay to leave message with call back numbers only
- Okay to mail at home address
- Okay to mail at my work address
- Okay to authorize DPHSS staff to identify themselves when calling to leave message on any answering device or with other person answering the phone at the following numbers; _____ or _____

Please add any special instructions regarding **Continuity of Care, Billing Issues and Medical Record Release** (i.e. specific family member or representative): _____

Patient's Printed Name

Date

Patient's Signature