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In general, the Health Insurance Portability and Accountability Act (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 communication 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 APPLY)

□ Home Telephone	
O.K. to leave message with detailed information OY	
Leave message with call-back number only OY	ES ONO
□ Cell Phone	
O.K. to leave message with detailed messageOY	ES ONO
Leave message with call-back onlyOY	ES ONO
□ Written Communication	
O.K. to mail to my home address	ES ONO
O.K. to mail to my work/office address OY	ES ONO
Work address	
O.K. to fax to this number OY	ES ONO
□ Work Telephone	
O.K. to leave message with detailed information OY	ES ONO
Leave message with call-back numberOY	
□ Other	
O.K. to give information to	
The Privacy rule generally requires healthcare providers to take reasonable steps to disclosure to and requests for PHI to the minimum necessary to accomplish the int These provisions do not apply to uses or disclosure made pursuant to an authorization individual. Healthcare entities must keep records of PHI disclosures. The information other side of this document will constitute an adequate record. If requested I (parreceived a copy of notice of Privacy Practices.	tended purpose. requested by the provided on the
Patient, parent, or guardian's signature Date	
Print patient's name	

Note: Uses and disclosures for Treatment, Payment or Health Care Operations (TPO) are permitted

without prior consent and in all emergencies.