

**Mill Creek Family Practice
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94 Merchants Circle
Hampstead, NC 28443**

Telephone: 910-270-2515

PATIENT RECORD OF DISCLOSURES

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 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 (check all that apply):

Home Telephone _____

O.K. to leave message with detailed information

Leave message with call back number only

Written Communication

O.K. to mail to my home address

O.K. to mail to my work/office address

O.K. to fax to this number _____

Work Telephone _____

O.K. to leave message with detailed information

Leave message with call back number only

I give Mill Creek FP permission to release my medical information to the following family members:

Patient Signature

Date

Print Name

Birth Date

I have read and acknowledge Mill Creek Family Practice's Notice of Privacy Practices. I have asked any questions that I may have. I understand that I may request a copy for my records.

Patient Signature

Date

Witness Signature

Date