NEVADA Orthopedic & Spine Center

□ Northwest Location
2650 N. Tenaya Way, #301
Las Vegas, NV 89128

□ Southeast Location
1505 Wigwam Pkwy, #330
Henderson, NV 89074

PATIENTS HEALTH INFORMATION
COMMUNICATION DIRECTIVE

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 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**
- □ OK to leave message with detailed information
- □ OK to leave message with call back number only

□ **Written Communication**
- □ OK to mail to my home address
- □ OK to mail to my work/office address
- □ OK to fax to this number

□ **Work Telephone**
- □ OK to leave message with detailed information
- □ Leave message with call back number only

□ O**ther**_____

_____ _____
Guarantor/Patient Signature Date

_____ _____
Print Name Date of Birth

The Privacy Rule generally requires healthcare providers to take responsible steps to limit the use of disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions to not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Please list below those individuals you will allow Nevada Orthopedic & Spine Center to release your personal health information.

DATE	TO WHOM DISCLOSED	RELATIONSHIP