



Raza Pasha, M.D. P.A

Patient Consent for Disclosure

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 to right to request confidential communications be made by alternative means, such as sending correspondence to the individual's office, instead of the home.

Patient Name: _____, _____, _____
(Last) (First) (Middle)

Home Phone: _____

- Ok to leave a message with detailed information
- Leave message with call back number only

Daytime Phone: _____

- Ok to leave a message with detailed information
- Leave message with call back number only

Cell Phone: _____

- Ok to leave a message with detailed information
- Leave message with call back number only

Authorized persons that can obtain my personal health information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If Patient is a Minor:

Parent or Guardian (Printed Name): _____, _____, _____
(Last) (First) (Middle)

Relationship to Patient: Self Parent Legal Guardian Other

Signature: _____ Date: _____