

Pharmacy Information

STORE # _____

Name _____

Address _____

Telephone _____

Fax _____

Patient Authorization of 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 the right to request confidential communication of PHI by any means necessary. The Privacy Rule generally requires healthcare providers to take responsible steps to limit the use if disclosure of, and requests for PHI to a minimum. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Please Note that patients with results that are normal or not statistically significant will NOT be contacted.

I wish to be contacted in the following manner:

Preferred Phone _____

___ OK to leave message with detailed information

___ Leave message with call back number only

___ OK to fax results. Fax # _____

I wish the following people to be notified and/or have access to my PHI.

Name

Relationship

Patient Signature _____

Date _____

Print Name _____

NRS 629.051 requires us to maintain your record for five (5) years. After five (5) years, those records may be destroyed.