

PATIENT RECORD OF DISCLOSURES

You may request to receive confidential communications of your protected health information (PHI) from Debbie Tessmer-Wagner, MA, LMFT (MFC#77147) by alternative means or at alternative addresses. For example, you may not want your bill to go to your home where a family member might see it. Debbie Tessmer-Wagner, MA, LMFT cannot ask you the reason for your request, and will accommodate all reasonable requests that you make. If you make a special request, you must give an alternative address or other method of contact.

I wish to be contacted in the following manner (check all that apply):

- Cell Number _____
 Okay to leave message
 Leave callback number only

- Written communication
 Okay to mail to my home

- Work Number _____
 Okay to leave message
 Leave callback number only

- Home Number _____
 Okay to leave message
 Leave callback number only

 Client/Guardian Signature

 Print Name

 Relationship

 Client/Guardian Signature

 Print Name

 Relationship

All disclosures will be made pursuant to the guidelines and requirements as detailed in the "Notice of Privacy Practices". Healthcare entities must keep a record of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Date _____

Date of Birth _____

Date	Disclosed to	(1)	Purpose of Disclosure	By Whom Disclosed	(2)	(3)
(1) Check if authorized		(2) <u>T</u>reatment Records, <u>P</u>ayment Information, <u>S</u>ummary		(3) By <u>F</u>ax or <u>P</u>hone		

