



**Patient Record of Disclosures (PHI)**

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 information of their protected health information (PHI) be sent to an alternate address. The HIPAA privacy rule is **federal law** and applies to all healthcare facilities, i.e. doctor's offices, hospitals, clinics, etc.

**I authorize Texan ENT Specialists to share my protected health information (PHI) with the following: (check all that apply)**

- ( ) Spouse (Name) \_\_\_\_\_
- ( ) Parents' (Name(s)) \_\_\_\_\_
- ( ) Caretaker (Name) \_\_\_\_\_
- ( ) Child (Name(s)) \_\_\_\_\_
- ( ) Other- Specify \_\_\_\_\_
- ( ) Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**The HIPAA Privacy Rule generally requires providers to take reasonable steps to limit the use/disclosure of your protected health information (PHI). These provisions do not apply to uses or disclosures authorized by the individual in writing.**

NOTE: Uses and disclosures for treatment records, payment information and healthcare operations may be permitted without prior consent in an emergency.

Patient's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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