

**DR. NICOLE MUSCHETT, D.C.**

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**PATIENT RECORD OF DISCLOSURES**

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 in an 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: \_\_\_\_\_

O.K. to leave message with detailed information.

Leave message with call-back number only.

**Written Communication**

O.K. to mail to my home address

O.K. to mail to my work/office address

O.K. to mail to school/college address

Work Telephone: \_\_\_\_\_

O.K. to leave message with detailed information

Leave message with call-back number only

Do not call work number

Other:

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**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_