

Mounir Boutros, M.D. / Amy Bergan, P.A.
Renaissance Dermatology
5951 Renaissance Place, Suite C
Toledo, Ohio 43623
419-824-2288

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 provide the right to request confidential communications or that a communication of protected health information be made by 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):

Oral Communications

- Home telephone _____ Work telephone _____
- OK to leave a detailed message OK to leave a detailed message
- Leave message with call-back number only Leave message with call-back number only
- Other _____
- Emergency Contact _____

Written Communications

- OK to mail to my home address OK to fax to this number _____
- OK to mail to my work/office address Other _____

I permit the Practice to discuss my PHI with, and to disclose my PHI to the following individuals:
Please list Name and Phone number(s).

- My Spouse _____
- My adult child(ren) _____
- My Personal Representative _____
- Other _____

If checked, the following conditions apply:

Patient's Name

Date