



2507 Eastbluff Drive
Newport Beach, CA 92660
PH (949) 200-1655 F (949) 200-1656

Patient Record of Disclosures

In general, 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 communications or that communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

Please indicate the number(s) you wish to be contacted at and whether or not you would like a message to be left at that number(s).

Check one:

- Home
- Cell
- Work _____

Check one:

- O.K. to leave a message with detailed information
- Leave a call-back number only

E-Mail: _____

It is important to Eastbluff Medical Walk In to provide all patients with the best standard of care, and in doing so we ask permission to access your prescription records. Your permission will allow our physicians to prescribe the best medication choice for you while checking for any contraindications. By signing below you are authorizing us to do so.

Signed: _____ Date: _____

Acknowledgement of Notice of Privacy Practices

I acknowledge that a copy of the current notice is posted in the reception area. I acknowledge that I can request a copy for my personal use at any time.

Signed: _____ Date: _____

Print Name: _____

If not signed by the patient, please indicate:

Name of Patient: _____

- Relationship:
- Parent or guardian of minor patient
 - Guardian or conservator of an incompetent patient
 - Beneficiary or personal representative of deceased patient