Patient Contact Information Restriction

for the office of:
Tiffany M. Becker, M.D.
827 Deep Valley Drive, Suite 201
Rolling Hills Estates, CA 90274
310-541-5400

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 alternative means of communicating PHI, such as sending correspondence to the individual's office instead of their home.

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

- **Home Phone** _____
- OK to leave a message with detailed information
- Leave message with call back number only
- **Cell Phone** _____
- OK to leave a message with detailed information
- Leave message with call back number only
- **Email** _____
- **Written Communication**
- OK to mail to my home address
- OK to fax to _____
- Other _____

I hereby consent to the release of Protected Health Information about my child to the following individuals. I understand this authorization will be in effect until which time it is revoked.

Name	**Relationship**
_____	_____
_____	_____
_____	_____

_____ _____
Parent Signature **Date**

_____ _____
Patient's Name **Patient's Date of Birth**

_____ _____
Patient's Name **Patient's Date of Birth**

_____ _____
Patient's Name **Patient's Date of Birth**