

**Aronson & Rosenthal, M.D. Inc,  
3440 Lomita Blvd #120  
Torrance, CA 90505**

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 can also request that confidential communication, whether telephone communication or correspondence, be directed to an alternate site such as the individual's office.

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

Home Telephone \_\_\_\_\_  
 Leave message with detailed information.  
 Leave message with call back number only.

Work Telephone \_\_\_\_\_  
 Leave message with detailed information.  
 Leave message with call back number only.

Cell Number \_\_\_\_\_  
 Leave message with detailed information.  
 Leave message with call back number only.

Written Communication  
 Mail to my home address.  
 Mail to: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby consent to the release of Protected Health Information to the following individual(s): family/friends. I understand this authorization will be in effect until which time it is revoked.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

My preferred pharmacy is \_\_\_\_\_  
(Please provide name, address and phone number)