

# JOHN J. IACOBUCCI, M.D.

CRANIOFACIAL SURGERY  
PLASTIC & RECONSTRUCTIVE SURGERY  
CORRECTIVE SURGERY OF THE JAWS  
MICROVASCULAR SURGERY  
AESTHETIC SURGERY



## PATIENT RECORD OF DISCLOSURE

DIPLOMAT OF:

AMERICAN BOARD  
OF PLASTIC  
SURGERY

FELLOW OF:

AMERICAN COLLEGE  
OF SURGEONS

AMERICAN ACADEMY  
OF PEDIATRICS

MEMBER OF:

AMERICAN SOCIETY  
OF MAXILLOFACIAL  
SURGEONS

AMERICAN SOCIETY  
OF PLASTIC AND  
RECONSTRUCTIVE  
SURGEONS

AMERICAN CLEFT  
PALATE  
CRANIOFACIAL  
ASSOCIATION

INTERNATIONAL  
SOCIETY FOR SKULL  
BASE SURGERY

AMERICAN SOCIETY  
OF  
RECONSTRUCTIVE  
MICROSURGERY

NATIONAL VASCULAR  
MALFORMATION  
FOUNDATION

AMERICAN  
ASSOCIATION FOR  
HAND SURGERY

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosure of patient health information (PHI). The individual is also provided the right to request confidential communications of that a communication of PHI be made by alternative means, such as sending a correspondence to the individual's office instead of their home.

I wish to be contacted in the following manner. (Check all that apply)

- Home Telephone \_\_\_\_\_
- OK to leave message with detailed information
- Leave message with call-back number only
- Work Telephone \_\_\_\_\_
- OK to leave message with detailed information
- Leave message with call-back number only
- Written communication
- OK to mail to my home address
- OK to mail to my work/office
- OK to fax to this number \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and the request for PHI to the minimum necessary to accomplish the intended purpose. The provisions do not apply to use a disclosure made pursuant to an authorization request by the individual.

Healthcare entities must keep records of PHI disclosure information provided below, if completed properly, will be an adequate record.

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

CERTIFICATE OF  
ADDED  
QUALIFICATIONS:

SURGERY OF THE  
HAND

Due to the mandated Health Insurance Portability and Accountability Act (HIPAA) regulations, please advise us the persons Dr. Iacobucci and his staff may speak with in regards to your care. This document can only be changed in writing by the patient, not by a telephone conversation

