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: _____
_____

___ Other: _____

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)