

## PATIENT DISCLOSURE INSTRUCTIONS

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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 a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

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

Home/Mobile Telephone: \_\_\_\_\_

- Ok to leave message w/ detailed information
- Leave message with call-back number only

Work Telephone: \_\_\_\_\_

- Ok to leave message w/ detailed information
- Leave message with call-back number only

Written Communications other than home:

- Ok to mail to my work/office address: \_\_\_\_\_
- Ok to fax to number indicated: \_\_\_\_\_

Email address: \_\_\_\_\_

**The following individuals have my permission to bring my child/children for dental care and treatment and to receive information relating to my children's care:**

\_\_\_\_\_ Relationship to my child \_\_\_\_\_

\_\_\_\_\_ Relationship to my child \_\_\_\_\_

**I understand that if anyone else brings my child/children, I will send an updated medical history with them along w/ current dental insurance information.**

Patient Name: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_