



ENDODONTICS
OF THE TRIAD

HIPAA PRIVACY FORM

Patient Record of Disclosures

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 with the right to request confidential communication 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 (Check all that apply):

Cell Phone: OK to leave detailed messa Leave message w/ call back #
Only

OK to send text message

Home Phone: OK to leave detailed messa Leave message w/ call back #
Only

Work Phone: OK to leave detailed messa Leave message w/ call back #
Only

Signature of patient (parent or legal guardian if minor)

Date:

First Name Last Name

Signature of Authorized Person



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Date:

First Name

Last Name