

DYME DENTAL
PATIENT DISCLOSURE INSTRUCTIONS

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 authorization to receive information regarding my dental care and treatment to include medical/dental information and financial information:

_____ Relationship _____

_____ Relationship _____

Patient Name (print): _____

Patient Signature: _____ **Date:** _____

DYME DENTAL

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Patient Name: _____

Parent/Guardian: _____ Relationship to Patient: _____

Signature: _____ Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
