



## HIPAA PATIENT COMMUNICATION FORM

It is the office policy of Meadow Place Dental not to release confidential medical information regarding your treatment to family members or friends, except for parent/legal guardian, (ii) other persons authorized by the patient, (iii) as we may reasonably infer from the circumstances (for example, if you bring a family member or friend into the exam room, we will assume, unless you object, that the person is entitled to receive information regarding your treatment), (iv) in emergency situations, or (v) as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you anticipate that you will need or want your medical information to be provided to family members, friends or caretakers/babysitters, please indicate that below.

|                              |                              |                              |
|------------------------------|------------------------------|------------------------------|
| Home Phone _____             | Cell Phone _____             | Wk Phone _____               |
| ___ DO NOT leave a message   | ___ DO NOT leave a message   | ___ DO NOT leave a message   |
| ___ Leave a detailed message | ___ Leave a detailed message | ___ Leave a detailed message |

May we **text** you?    Yes    No

May we **email** you?    Yes    No

Preferred email address: \_\_\_\_\_

By signing below, you authorize the following people to receive information regarding your treatment:  
List names (please list relationship such as spouse, parent, boyfriend, girlfriend, sister, brother, etc

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Who would you like us to contact ***in case of emergency:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you wish to add names later on, please confirm in writing or call our staff directly.

Patient's Printed Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_