



RTP COSMETIC & FAMILY DENTISTRY

HIPAA Consent

Name:	DOB:
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Information to be disclosed: verbal communication only, regarding patient's care. No Copies of medical records provided.
Please provide your current telephone numbers:

Home:	Work:
Cell:	Other:

RTP Family & Cosmetic Dentistry will normally contact patients between 8 AM and 5 PM Monday through Friday.
 Please Check below where you would PREFER to be contacted during these hours.

Home		Work		Cell		Other	
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If our staff needs to reach you after hours, where do you prefer to be called? Please Check Below:

Home		Work		Cell		Other	
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Your Protected Health Information Designees:

If you are not available at the time that we call, please list below those individuals (designees) with whom we may leave a message or briefly discuss your medical information (lab or test results, prescription information). This person will also be able to call the office on your behalf.

Please print the name and relationship to you/the patient of each designee below:

Name	Relationship
Name	Relationship
Name	Relationship

Please Check here if you DO NOT WANT your healthcare information discussed with anyone other than yourself.

Confidential Voicemail:

Please CHECK BELOW where we have permission to leave a confidential voice mail (lab results, prescription information).
 Leave the spaces blank if you DO NOT wish to receive voicemails

Home		Work		Cell		Other	
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Your Signature below confirms your approval of these updated HIPAA communication preferences. You may change your selections at any time, but must do so in writing by completing an updated form.

 Signature of Responsible Party

 Date Signed