

ALICIA L. DWYER D.D.S. P.A.

PROTECTED HEALTH INFORMATION (PHI) - HOW MAY WE DISCLOSE?

We may need to contact you for various reasons such as Appointment Confirmation, Appointments to other specialist, Prescriptions, Messages, Emergencies, Insurance Information and/ or for any other reason.

When our office personnel calls they will leave their name, office name, the phone number and reason to call. Please circle:

May we contact you at home? Yes No

May we contact you at work? Yes No

May we contact you on cell? Yes No

May we discuss your **Protected Health Information** with your **spouse, children, or caretaker?** (For example: This person may call to get your test results for you or may discuss billing information.) **If you do not list anyone here we cannot discuss your information with them. Yes or No**

If yes, please list names and relationship:

List any restrictions or special request on your PHI:

May we fax your PHI upon your verbal request? YES or NO

Acknowledgement of Review of Notice of Privacy Practices

I have reviewed this offices NOTICE OF PRIVACY PRACTICES, which explains how my protected health information/ medical information/ dental information will be disclosed. I understand that I am entitled to receive a copy of this document. I have also disclosed the above information.

Patient Name: _____

DOB: _____

Patient Signature or Representative

Date

_____ Staff Initials

Name of Representative and relationship or Nature of Authority

OFFICE USE ONLY

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

* individual refused to sign

*emergency situation

* communication barriers prohibited obtaining acknowledgement

*other