

FAMILY 1ST DENTAL

Information Disclosure

In an effort to protect your privacy at all times, we would like to ask for your assistance.

Please provide us with a list of individuals with whom we may discuss your care. The persons listed would be able to ask questions regarding your condition. (Example: a daughter of a patient who might wish to talk to a physician or other staff member regarding their parent's care). You will not be notified when information is being given to these individuals.

Some of the areas that may be discussed with these persons could include: treatment options, side effects, prescription management, financial information, test results, ect.

It will be YOUR responsibility to notify the office if you wish to ADD or DELETE a name from this list. The information will be maintained in your personal medical record, and without your permission, we will NOT discuss your care with anyone whose name does not appear on this list.

Please list the names of those you permit us to visit with, and also please include their relationship to you.

Name of Person	Relationship to Patient	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are individuals with whom you NEVER want us to give any information, please also specify those names and relationships.

_____	_____
_____	_____
_____	_____

PRINTED NAME OF PATIENT: _____

Signature of Patient: _____

Date: _____

Emergency Contact: _____