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Request for Limitations & Restrictions of Protected Health Information

On April 14, 2003, Federal Regulations restricted healthcare providers from giving any kind of information to any person other than you, the patient, without your prior consent or permission. This includes not giving information to your spouse, parent, or other household members unless you have given us permission to talk to them.

Please tell us how we may contact you and to whom we may disclose your health information. (Please check all that apply.)

- ___ You may call my home phone number (____) _____
___ You may leave messages on my home answering machine.
___ You may speak with anyone who answers my home phone number.
___ You may call my work phone number (____) _____
___ You may leave messages on my cell phone voice mail.(____) _____
___ I do not want information released to anyone other than myself, including my spouse.
___ No restrictions, speak with whomever necessary on my behalf.
___ You may contact me by email at _____.
___ You may speak with ___ my spouse, ___ my parent(s), ___ my child, or person(s) listed here _____, about my medical/dental conditions and treatment.
___ Minor patients: In addition to the mother, father, or legal guardian, the following individuals may authorize treatment for my minor child, including dental restorations, extractions and x-rays: _____, _____, _____.

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing. I am aware that reports needed by other healthcare facilities or insurance companies for my care may be released at the doctor's discretion.

I understand that authorizing the disclosure of this health information is voluntary. I need not sign this form in order to assure treatment. I understand that I may inspect or have a copy of the information in this form and in the office HIPPA forms.

Patient Name (Please Print)

Date of Birth

Patient Address (Please Print)

Signature of Patient or Legal Representative

Date of Authorization