

BeGentle Dentistry

4027 S. LaFountain St. Kokomo, IN
1107 E. Broadway St. Logansport, IN

CONTACT INFORMATION FOR PROTECTED HEALTH INFORMATION

I, _____, Date of Birth _____, request the following for the disclosure of my Protected Health Information (PHI). Protected Health Information would include your name, diagnosis (es), test results, date of services.

- Sensitive Protected Health Information (HIV- related information)
- You may disclose information to my family members and/or non-family members

Please list the name, phone number and relationship. If not listed, information will NOT be released.

NAME: PHONE NUMBER: RELATIONSHIP:

Please check the following that apply:

- You may leave Protected Health Information on my answering machine/voicemail: Phone Number: _____
- You may leave me a text message: Text Phone number: _____
- You may email me (unencrypted) for dental appointments: Email address: _____
- You may fax me for dental information: Fax number: _____
- Other: _____

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency prevented us from obtaining acknowledgement
- Other (Please specify)