

ALISO PARK DENTAL

Permission to Relay Information

As required by the Health Insurance Portability and Accountability Act of 1996 you have a right to Request that communications concerning your personal health information be made through confidential channels. Aliso Park Dental will not ask why you are making your request, and will make efforts to accommodate all reasonable requests. **SOME METHOD OF CONTACT MUST BE PROVIDED.**

I, _____, give my permission for Aliso Park Dental to Communicate information related to my personal health, as indicated below. This request supercedes Any prior request for communication of information I may have made.

Aliso Park Dental may disclose my appointment, dental condition, treatment options and financial information to person(s) listed below: Please Print Names:

Aliso Park Dental may utilize the methods checked below to communicate the above stated information:

___ Telephone ___ Mail ___ E-mail ___ Fax

Aliso Park Dental may utilize the following telephone numbers to contact myself and others listed above:

___ Work: () _____ - _____ ___ Home: () _____ - _____

___ Cell: () _____ - _____ ___ Other: () _____ - _____

ALISO PARK DENTAL (CIRCLE ONE): May May NOT leave messages on my answering machine/voicemail.

PRINT PATIENTS NAME: _____

SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN IF PATIENT IS A MINOR: _____

PRINT PARENT /GUARDIAN NAME: _____

RELATIONSHIP TO PATIENT: _____