

We assume that we may contact you with messages containing detailed dental/medical information by

- telephone at any number you have provided to us, or
- in writing at any address provided, or
- by email through any email address you have provided.

Under HIPAA, you have the right to restrict our communications with you. We will honor your request unless an emergency exists.

Please check any restrictions that apply:

- [] At my home telephone () _____ - _____
[] Please do not leave messages at home
[] Please leave message with call-back information only
- [] At my work telephone () _____ - _____
[] Please do not leave messages at work
[] Please leave message with call-back information only
- [] At my cell telephone () _____ - _____
[] Please do not leave messages on my cell
[] Leave message with call back information only
- [] At my email address _____
[] Please do not send messages to my email
[] Send messages with call back information only

Note that appointment reminders and recall reminders may be sent by mail, voice, text, or email, or any combination of the above to numbers and addresses provided.

Please specify the name of any person(s) whom you authorize us to discuss your medical information with on your behalf:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Print your name: _____

Date: _____

Signature: _____