

Privacy Disclosure Form

This form is for "you" the patient to designate any family member or friend that you will allow us to discuss your dental healthcare and financial responsibilities with.

Please list any individuals whom we may discuss your dental healthcare and financial responsibilities with:

Name Relationship

Name Relationship

Name Relationship

If you are 18 years of age or over and your insurance coverage is carried by a parent(s), may we discuss your dental healthcare and financial responsibilities with parent(s)? List names:

Name Relationship

Name Relationship

****Appointment Reminder Phone Calls:**

Please list phone numbers where we may reach you to remind you of dental appointments and if we do not reach you, may we leave you a message on voicemail? Also, please specify if the number is for home/work/cell?

Phone Number Home / Work / Cell Message(?) Yes/No

Phone Number Home / Work / Cell Message(?) Yes/No

Phone Number Home / Work / Cell Message(?) Yes/No

Signature

Date