



OAK HARBOR Dental

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HIPAA uses and Disclosures of Protected Health Information

Any information noted below will only be used at Oak Harbor Dental.

HIPAA Privacy Rules gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

ORAL COMMUNICATION: Oak Harbor Dental will try contacting the patient via phone at either the home, cell or work number. Please indicate which phone number (or numbers) you prefer us to use and the best time of day to reach you.

If you are unable to be reached, Oak Harbor Dental will leave call back instructions with minimal information. If this is not acceptable, please indicate what is acceptable for a phone message.

WRITTEN COMMUNICATION: Written communication from Oak Harbor Dental is sent to the home address. If this is not acceptable, please indicate another address.

PERMISSION TO DISCUSS HEALTH INFORMATION WITH OTHERS: I permit the dental office to discuss my PHI with, and to disclose my PHI and/or pick up my prescriptions to the following individual(s).

- ___ Spouse: Name: _____ All PHI ___ RX only
- ___ Adult Child: Name: _____ All PHI ___ RX only
- ___ Other: Name: _____ All PHI ___ RX only
- ___ Parents: Name: _____ All PHI ___ RX only

NOTE: Proof of documentation may be needed if restrictions apply.

Signature of Patient or Legally Authorized Representative:

Relationship to Patient: _____ Date: _____

***This form is only meant to be a quick-reference tracking tool for the dental office.**

Individual refused to sign.

Reason: _____