Confidentiality Preferences Communication

Patient's Name_____ Patient's Date of Birth_____

Preferred Mailing address: _____

Preferred Cell phone number: _____

Preferred Email address: _____

☐ I consent to receive phone calls, e-mails and text messages from Nth Degree Orthodontics. The communications consist of appointment reminders and other information regarding treatment, even though these messages may not be encrypted.

COMMUNICATING WITH YOUR FAMILY, FRIENDS OR CAREGIVERS:

☐ This practice may orally communicate to the family members, friend or caregivers listed below.
Check the box next to each type of information this practice may share.
☐ All information ☐ Appointments (request/confirm/cancel) ☐ Billing/Insurance

Name _____ Phone_____
(First and Last name of Family/Friend/Caregiver)

Name _____ Phone_____
(First and Last name of Family/Friend/Caregiver)

Name _____ Phone_____
(First and Last name of Family/Friend/Caregiver)

ACKNOWLEGEMENT AND SIGNATURE

- You acknowledge that information related to a communicable disease diagnosis such as HIV or a diagnosis related to mental health or substance abuse might be included in a communication you authorize on this form. Information that has been shared as permitted by this form may be disclosed and no longer protected by state or federal privacy laws.
- You can revoke or stop communications on this form at any time in writing. It will not apply to any communications that were made before our practice received your written notice to stop the communications.
- An Authorization to Release Health Information or Patient Access Request must be completed for this practice to provide copies of or transmit your health information/records to anyone other than you.
- All changes or updates to this form must be made in writing and signed by you (patient) or your personal representative.

_____ _____

Signature of Patient or Authorized Person Date
(Required if patient is a minor or an adult unable to sign form)

Description of Personal Representative's Authority (attach necessary documentation if not previously provided)