

## PATIENT CONFIDENTIALITY

In this office, Patient Confidentiality is a prime concern. Please indicate below with whom our office can or cannot leave a message.

Please check where appropriate.

	YES	NO	DOES NOT APPLY
<b>SPOUSE</b>	_____	_____	_____
<b>PARENT</b>	_____	_____	_____
<b>CHILD</b>	_____	_____	_____
<b>ANSWERING MACHINE:</b>			
<b>HOME</b>	_____	_____	_____
<b>WORK</b>	_____	_____	_____
<b>OTHER</b> _____	_____	_____	_____
Name			

We will call and/or send a postcard to confirm your appointment. If you are required to pre-medicate for dental appointments we would like to include that reminder during this call.

**May we send a postcard reminding you of your upcoming appointment?**      **YES**                      **NO**

Please indicate with whom we may leave a message regarding appointments and/or pre-medication.

	YES	NO	DOES NOT APPLY
<b>SPOUSE</b>	_____	_____	_____
<b>PARENT</b>	_____	_____	_____
<b>CHILD</b>	_____	_____	_____
<b>ANSWERING MACHINE:</b>			
<b>HOME</b>	_____	_____	_____
<b>WORK</b>	_____	_____	_____
<b>OTHER</b> _____	_____	_____	_____
Name			

Are you able to receive phone calls at your workplace?                      **YES**                      **NO**      **N/A**

May we call you at your workplace and state who is calling?                      **YES**                      **NO**      **N/A**

If phone calls to your workplace are not permitted, please leave an alternate contact number other than your home phone number. \_\_\_\_\_

Due to confidentiality regulations, should a family member, friend, or relative contact our office, we are not at liberty to discuss your situation unless we have permission from you, the patient.

Please check with whom we may discuss your situation.

	YES	NO	DOES NOT APPLY
<b>SPOUSE</b>	_____	_____	_____
<b>PARENT</b>	_____	_____	_____
<b>CHILD</b>	_____	_____	_____

Parent, Child and/or Significant Others:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Your Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_