

Steve Douglas DDS – Patient Contact for Protected Health Info

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317-786-1277wk; 317-786-1497 fax

www.stevedouglasddspc.com

(Patient's Name) _____, date of birth ____/____/_____, request that the following be followed for the disclosure of my protected health information (PHI). PHI would include my name, diagnosis (es), prognosis, dates of service.

As a courtesy to you, we contact you to remind you of your appointments by phone, text, and/or email. Please confirm your appointment upon receiving your reminder and prior to 24 hours before your appointment.

Please check all that apply:

_____ Steve Douglas DDS may leave PHI on my phone voicemail/text.

(____)____-____ and/or (____)____-____

_____ Steve Douglas DDS may send PHI to my email (unencrypted) for dental appointments.

_____ @ _____

_____ Steve Douglas DDS may disclose PHI to any family or non-family members that I list below.
(Parents-please list yourselves in below section for your minors.)

	Name	relationship	Contact #
1.	_____	_____	(____)____-____
2.	_____	_____	(____)____-____
3.	_____	_____	(____)____-____
4.	_____	_____	(____)____-____
5.	_____	_____	(____)____-____

Notice of Privacy Practices Consent & Acknowledgement:

State and federal laws require us to maintain the privacy of your health information and inform you about our privacy practice by providing you with a Notice of Privacy Practices. Our "Notice" is available online. If you prefer a paper copy, please ask our office staff for a copy.

I acknowledge that a copy of this office's Notice of Privacy Practices has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Notice.

Patient Signature: _____ (guardian/parent if a minor)

Patient Name: _____ Date: ____/____/____

EMERGENCY CONTACT: _____ Phone # (____)____-____