

Beaufort Family Dentistry

HIPAA Communication Permissions

By law, without your authorization, we are unable to communicate with your spouse, adult children, caregivers, or parents if you are over 18.

We will need your permission to communicate with your family or caregivers in the following circumstances:

1. Making appointments
2. Confirming appointments
3. Discussing treatment needed or performed
4. Account or Financial information

Please indicate below the names of people and their relationship to you, who we may communicate with and what information we are allowed to communicate:

Person 1: _____

☐ Appointments

☐ Dental/Health/Treatment

☐ Account/Financial

Person 2: _____

☐ Appointments

☐ Dental/Health/Treatment

☐ Account/Financial

☐ I do not wish to allow my information to be shared with anyone including my spouse or other family member and/or guardian.

Please select your preferred methods of communication:

☐ You may contact me at my home telephone number: _____

☐ You may contact me at my mobile telephone number: _____

☐ You may text my mobile telephone number.

☐ You may contact me at my work telephone number: _____

☐ You may send me an unencrypted email at: _____

Printed Name: _____ **Date:** _____

Patient/Legal Guardian Signature: _____