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## Confidential Communication Request (HIPAA Form)

It is necessary, in caring for our patients, to contact you. Please list the phone number(s) and/or e-mail we may use to contact you or leave messages. Initial your approval next to each.

I, \_\_\_\_\_ consent to give Crofton Dental Suites (Provider) and their staff permission to contact me and/or leave messages regarding my medical/dental care, appointments or account information on the number/s listed below. This will remain in effect until I request to rescind it in writing.

**Note: Initial approval next to each number:**

Primary Contact Phone Number: \_\_\_\_\_ Home Cell Work Initials \_\_\_\_\_

Cell Number: \_\_\_\_\_ Initials \_\_\_\_\_

Work Number: \_\_\_\_\_ Initials \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Initials \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**APPOINTMENT CONFIRMATION:**

**Email is the preferred method of contact and is only used to confirm appointments.**

E-mail: \_\_\_\_\_ Initials \_\_\_\_\_

If you would prefer to be contacted by phone or text please list the number below:

Phone: \_\_\_\_\_ Initials \_\_\_\_\_

Text: \_\_\_\_\_ Initials \_\_\_\_\_

**PRIVACY REQUEST/DENIAL**

**I UNDERSTAND** that in order to coordinate appointments (schedule, confirm, change or cancel) and maintain account information to include billing, collections and insurance, **Provider** may speak with my spouse, parent, guardian or other (unless otherwise stated).

\_\_\_\_\_ **I APPROVE** that Crofton Dental Suite Provider may contact or speak with my spouse, parent, guardian or other.

\_\_\_\_\_ **I DO NOT APPROVE** Crofton Dental Suite Provider to contact or speak with my spouse, parent, guardian or other.

Signature \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date \_\_\_\_\_

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**REVOCAION OF PRIOR CONSENT:**

I \_\_\_\_\_ wish to rescind or stop the above authorizations.

Signature \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date \_\_\_\_\_

**\*If not signed** by the patient, please indicate your relationship to the patient.