

Don W. Heyen, DDS, PA

Patient Preferences Regarding Communication of PHI
(Protected Health Information)

Keeping our patient's information private is important to us. By default, we will only disclose information related to the patient's **billing account** and **medical conditions** to the **patient or legal guardian**.

If you would like to add additional contacts (other than the patient or legal guardian) that our office is allowed to disclose this type of information to, please complete the fields below and select the appropriate checkboxes based on your approval for each person you list. In addition, please choose the person that you would like our office to list as your **Emergency Contact** in the event of an emergency situation.

The duration of this authorization is indefinite unless otherwise revoked in writing. I understand the requests for health information from persons not listed on this form will require my specific authorization prior to the disclosure of any health information.

Patient Name (Please Print) Signature of Patient, Parent or Guardian Date

Contact Name Relationship to Patient Phone Number
 Billing Account Information Medical Information Emergency Contact

Contact Name Relationship to Patient Phone Number
 Billing Account Information Medical Information Emergency Contact

My preferred method of communication regarding my dental condition is indicated below (check one):

Home Phone Work Phone Cell Phone Mailed Letter Guardian