Lily Dental

Privacy Disclosure Form

Lily Dental (Dr. Daniel Pernoud) respects your right to privacy. You, as a client, have the right to make certain choices about the uses and disclosures of your health information. Any information you authorize for use and disclosure may be re-disclosed and is no longer protected. You may amend your elections for restrictions by contacting the Privacy Officer.

• I authorize and consent to the release of my health information to the following individuals:

Name of Person or Persons

• I would like to receive appointment reminders and patient care follow up communications only by the following means (check all that apply)

Home PhoneWork PhoneCell Phone

NOTE: Lily Dental reserves the right to implement stricter privacy standards under certain circumstances which it deems necessary for the protection of the patient.

I acknowledge that I have been given the Lily Dental NOTICE OF PRIVACY PRACTICES and have had the opportunity to ask questions about the information provided in the notice. I understand that I have the right to request other reasonable request regarding confidential communications by contacting the Privacy Officer as specified in the NOTICE OF PRIVACY PRACTICES.

Signature of patient or patient's representative

Date

Printed name of patient or patient's representative

Relationship