A&S DENTAL GROUP
COSMETIC & GENERAL DENTISTRY

Patient Disclosure/ HIPPA Compliance

In general terms, HIPPA gives individuals the right to request a restriction on the uses and disclosures of their protected health information (PHI). Examples can be but not limited to: appointment confirmation calls, review/discussion of preoperative and as well and postoperative patient instructions, treatment plan discussions including cost, follow-up phone calls, etc. The individual is also provided the option and right to request confidential information or communications or that a communication of Private health information (PHI) be made to and by alternative means chosen by the patient, for example calling only cell phone verses home or work phone or sending correspondence to the individual's office instead of the individual's home.

The following is to establish methods of communications the patient prefers as well as whom is allowed for any clinical discussing with other than the patient themselves.

I wish to be reached or contacted in the following manner:

- **Home Phone**

_____ Leave message with detailed information **OR** _____ Leave message with call-back number only

- **Cell Phone**

_____ Leave message with detailed information **OR** _____ Leave message with call-back number only

- **Written Mail**

We **ONLY** mail to home address unless states other wise

- **Other** (fax, etc.) _____

I **allow** my clinical information to be discussed with (check all that applies):

- Spouse _____
- Parent _____
- Child _____
- Other (specify) _____
- None
- **Electronic Mail Communication (EMAIL)**

I understand that A & S dental **use encrypted** emails at this time and I understand that for the most part, electronic mailing is a safe practice. Although it is a safe practice, confidential information can be jeopardize by unauthorized external entities at any time. I will not hold A & S Dental Group, Dr. Sara Cervantes, D.M.D., its associates or employees responsible for any unauthorized activity incurred by unauthorized entities.

I authorized A & S dental group to electronically mail my confidential patient information to my email provided on my patient history.

_____ _____ _____

Print Name Signature Date