

RAYMOND J. STEINER, DDS
PATIENT DISCLOSURES

In general, the HIPPA privacy rules give the individual the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual has the right to request confidential communication or communication by alternate means, such as sending correspondence to the individual's office instead of home.

PATIENT NAME: _____

I wish to be contacted in the following ways:

Cell Phone # _____

Leave a message with detailed information

Leave a message with call back number only

Home Phone # _____

Leave a message with detailed information

Leave a message with call back number only

Work Phone # _____

Leave a message with detailed information

Leave a message with call back number only

You have my permission to release details of my medical/dental records, including diagnosis and treatment plans to the following individuals:

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HIPPA rules require that the minimum amount of PHI be released in order to complete the intended purpose. An accounting of the disclosures of PHI made to carry out treatment, payment, or health care operations is not required.

I authorize the release of any medical/dental or other information necessary to process claims. I also request payment of benefits either to myself or to the party who accepts assignment on said claims. I authorize RAYMOND J. STEINER, DDS, to release medical/dental records and reports to the referring Dentist or any other Physicians or health care providers that need access to these records for my dental care. I also authorize any other physician, laboratory hospital or other provider to release all medical/dental records and X-rays necessary for my care to RAYMOND J. STEINER, DDS.

PATIENT OR LEGAL GUARDIAN

DATE