

James G. Case Family Dentistry

James G. Case D.D.S.

Anuya Diwan B.D.S.

Communication/Privacy Form

Patient Name

When communicating your personal health information, we follow the HIPPA regulations, which require confidential and direct communication to you unless otherwise specified by you.

Please complete the following:

Circle one

May we leave a message on your answering machine at home ? Yes No N/A

May we leave a message on your spouses cell phone ? Yes No N/A

May we call you at work ? Yes No N/A

May we leave a message on your voicemail at work? Yes No N/A

May we leave a message with any other person in your home ? Yes No N/A

May we communicate with you via email ? Yes No N/A

If yes, email address: _____

May we leave a message on your cell phone ? Yes No N/A

If yes, Cell phone # _____

Please list ALL persons that you authorize us to release information to (including spouses if applicable)

Name Relationship

Name Relationship

Name Relationship

Patient/Guardian Signature Date