**Authorization to discuss patient’s dental/medical information with Family or Caregiver:** To Comply with HIPAA Federal Privacy Regulation, **we must receive your written approval** to discuss your case with anyone other than yourself. By authorizing this, we will be able to without your presence, discuss your case, answer question, leave detailed messages, and contact in the event of an emergency, the person (s) listed below. The **authorization** is optional and can be withdrawn at any time by you.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has given permission to the staff of Beechwood Dental Center to discuss dental/medical information with the following person (s):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information could include appointment types, times and dates, as well as scheduling appointments for you, prescriptions refills, medication instructions, insurance and billing.

**ACKNOWLEDGEMENT OF RECEIPT OF**

**NOTICE OF PRIVACY PRACTICE**

* You May Refuse to Sign This Acknowledgment \*

**I / Parent / Spouse / or Guardian** (circle one) have reviewed a copy of this office’s Notice of Privacy Practices.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Office Use Only**

We attempted to obtain written acknowledgment of receipt of out Notice of Privacy Practices but acknowledgment could not be obtained because:

* Individual refused to sign
* Communications barriers prohibits obtaining acknowledgement
* An emergency situation prevented us from obtaining acknowledgement
* Other (Please Specify)