PERIODONTICS AND DENTAL IMPLANTS SPECIALTY OFFICE

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16055 Ventura Blvd., Suite 405 Encino, CA 91436

Notice of Privacy Practices:
Patient Designation

In order to comply with HIPAA regulations regarding Patient Privacy Practices we ask that our patients designate who will have access to their health information and how the patient prefers to be contacted.

We may discuss your health with:

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_____

_____

Our office will call you to remind you of appointments, and will call back when you leave a message that requires a response. Is it okay to leave a message on:

- **your home phone : Yes No**
- **your work phone? Yes No**
- **your cell phone? Yes No**

Is it okay to leave information with a family member?
Yes No

Is it okay for our office to send a report to your referring dentist regarding your treatment in our office?
Yes No

If our office refers you to another specialist we normally send them information they need to help with diagnosis and treatment. Is that okay with you?
Yes No

Do we have your permission to obtain X-rays via email? (I recognize that email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties).
Yes No

Please tell us any other special requests regarding Patient/Office/Dentist/Physician contact so that we can best protect your privacy. Please tell us how you prefer for us to contact you.

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Date **Patient name** **Patient signature**
(Parent/Guardian if minor)