



NORTHERN DENTAL GROUP, P.C.

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Patient Record of Disclosures-HIPAA Omnibus Rule

In general, the Health Insurance Portability and Accountability Act (HIPAA) privacy rule gives individuals the right to request a restriction on uses and disclosures of their Protected Health Information (PHI). The individual is also provided the right to request confidential communication, or communication of PHI, by alternative means, such as sending correspondence to the individual's office, instead of the individual's home.

I authorize contact from this office to confirm my appointments, treatment & billing information via:

- Cell Phone # _____
- Home Phone # _____
- Work Phone # _____
- Email Address _____
- Mail to Home
- Any of the above

I authorize information about my health be conveyed via:

- Cell Phone # _____
- Home Phone # _____
- Work Phone # _____
- Email Address _____
- Mail to Home
- Any of the above

Emergency Contact and Information Release: Who may we contact in an emergency as well as share your health information with.

Name		Name	
Relationship		Relationship	
Phone Number		Phone Number	

Acknowledgment:

I acknowledge I have received the Privacy Practice for Northern Dental Group, PC's Office. My signature will also serve as a PHI document release should I request treatment or radiographs be sent to other attending Doctor/Facility in the future.

Patient or Personal Representative Signature

Date _____

Relationship to Patient: (please circle one) Self Parent Legal Guardian