

COMMUNICATION CONSENT FORM

In order to comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, we ask that our families review and sign this Communication Consent Form.

Giving Tree Pediatric Dentistry will not release confidential and/or other Protected Health Information (PHI) by home mailing, home telephone, voice mail, work telephone or cell phone without consent. When we place telephone calls and voice mail responds, we do not leave PHI if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

I, _____ authorized Giving Tree Pediatric Dentistry to contact me and/or named authorized person(s) and to convey PHI by the following methods and assume responsibility to notify the office whenever this information changes.

Email_____	Yes	No
Home Phone_____	Yes	No
Work Phone _____	Yes	No
Voice Mail	Yes	No
Cell Phone _____	Yes	No

Please list the name of other people authorized to receive PHI about your child's care

Parent/Guardian Signature: _____ Date:

A copy of this document will be provided upon request