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ORAL AND MAXILLOFACIAL SURGERY
DENTAL IMPLANTOLOGY

In general, the 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 communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> O.K to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K to mail to my home address
<input type="checkbox"/> O.K to mail to my work/office address
<input type="checkbox"/> O.K to fax to number indicated |
| <input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> O.K to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Other (Fax/Cell, etc.) _____ |

I allow you to give my clinical information to or answer questions from (check all that apply):

- Spouse _____
- Parent _____
- Child _____
- Other (specify): _____
- Dentists _____
- Physicians _____
- None

Patient Signature

Date

Print Name

Birth Date