

DESCHUTES DENTAL CENTER

Phillippe C. Freeman D.M.D., F.A.G.D.

Informed consent to access patient information

Consent for access:

Due to current HIPAA regulations family members, spouses and friends do not have permission to make payments, schedule appointments, change or cancel appointments, inquire about insurance coverage or payments, etc without written permission from you. Please take the time to list anyone you feel may need access to your information. You can also opt out by checking the box at the bottom of the page stating you do not want anyone else to have access. You have the right to change this at anytime. Please inform our office staff if you need to fill out a new form or remove someone from having access.

PLEASE PRINT CLEARLY

I would like to give the following people access to information pertaining to my treatment and my chart. Including but not limited to existing, scheduled, and future needed treatment and conditions. This also includes making, changing and canceling of scheduled appointments.

_____	_____
_____	_____
_____	_____

I would like to give the following people access to my account including but not limited to charges, payments, statements, and insurance benefits.

_____	_____
_____	_____
_____	_____

I do not want anyone to have access to my health information or account.

PRINT PATIENT NAME

PATIENT SIGNATURE

DATE