

The Szikman Dental Group, P.C.

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CONSENT FOR DISCLOSURE

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):

Home telephone: () _____ - _____
OK to leave message with detailed information
Leave message with call-back number only

Work telephone: () _____ - _____
OK to leave message with detailed information
Leave message with call-back number only

Cell phone: () _____ - _____
OK to leave message with detailed information
Leave message with call-back number only

Written communication to my home address
Written communication to my work address
Spouse/relative/other family member(s) who can receive PHI:

Patient signature: _____

Print name: _____

Date signed: ____/____/____ Patient date of birth: ____/____/____

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and requests for PHO to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. *NOTE: Uses and disclosures for TPO may be permitted without prior consent in an emergency.*