

ARNETT DENTAL CARE

1405 Dudley Drive
Murray, KY 42071
(270) 753-6327
Fax (270) 753-6386

Authorization to Release Information to Family Members

Many of our patients allow other family members such as their spouse, parents, grandparents or others to accompany them during their dental visit. Under the requirements for H.I.P.P.A. we are not allowed to give information to anyone without the patients consent. If you wish to have any information regarding treatment or financial information, released to any family members, you must sign this form. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Date: _____

Print Childs Name. _____ Parent Signature _____

Authorization to Leave Messages with the Household Members/Answering Machine

From time to time it is necessary for staff of Arnett Dental Care to leave messages for patients. The purpose of these messages is to remind patients that they have an appointment, to change an appointment or to discuss an issue or concern. At no time will a representative of Arnett Dental Care discuss your dental circumstances or condition without your consent. The purpose of the consent is to leave messages with members of your household or on your answering machine. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Date: _____

Print Childs Name: _____ Parent Signature: _____