

**Dubitsky Family Dental**  
**201 Omni Drive**  
**Hillsborough, NJ 08844**

\*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 Phone _____	<input type="checkbox"/> Written Communication
<input type="checkbox"/> Ok to leave a detailed message	<input type="checkbox"/> Ok to mail to home address
<input type="checkbox"/> Leave message with call back number only	
<input type="checkbox"/> Work Phone _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ok to leave detailed message	_____

List the name(s) of people that may receive information regarding financial information, family billing information or test/x ray results.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

