GLEN ELLYN
IMPLANT & ORAL SURGERY CENTER
CHAD DROUIN, D.M.D.
493 Duane Street, Suite 301 • Glen Ellyn, Illinois 60137 • (630) 858-5755 • Fax (630) 858-5760

HIPAA PATIENT COMMUNICATION FORM

A. Family and Friends. It is the office policy of Glen Ellyn Implant and Oral Surgery Center to not release medical information regarding your treatment to family or friends, except for (i) parent/legal guardian, (ii) other persons authorized by the patient, (iii) as we may reasonably infer from the circumstances (for example, if you bring a family member or friend to your treatment, (iv) in emergency situations, or (v) other as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you anticipate that you will need or want our medical information to be provided to family members, friends, or caretakers/babysitters, please indicate below, so that we may best serve you. This is for your protection. By signing, below, you authorize the following people to receive information regarding your treatment or care: (If you wish to add names later, please confirm this in writing, or call our staff)

Spouse: _____

Parent: _____

_____

Other: _____

_____

B. Alternative Communications: You are also entitled to specify alternative, reasonable means of communication, only if you do not want to be communicated by us in a certain way. How we communicate: call for appointment reminders, send out statements, leave messages regarding treatment/appointments, and file insurance claims.

May we leave detailed messages on the phone number given to us on your forms? YES or NO (Please circle)

I hereby request do not communicate with me in the following means:_____

Patient/Parent/Guardian Signature: _____ Date: _____

Office Use Only

Changes to above Authorized by patient over the phone:

Change	Date	Staff Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have any questions regarding this form please ask the receptionist prior to signing. Thank you -Office Staff