

Family Dentistry

CONFIDENTIAL COMMUNICATIONS - ALTERNATIVE CONTACT INFORMATION

This information should be placed in a prominent location in the record to remind staff to use alternative addresses and/or phone numbers.

Effective Date _____

Patient Name _____ Patient ID No. _____

Persons Who May Receive Your Personal Health Information:

Name	Relationship to you	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mailing Address Where We Can Send Information:

Phone Numbers Where We Can Call or Leave a Message: (Note: if you do not want to be called at work, do not fill in a number)

Home: _____

Work: _____

Cellular: _____

Other: _____

e-mail: _____

Signature of Patient or Personal Representative

Date