

Patient Communications (HIPPA)

By law without your authorization, Cassandra “Casey” Elkins DDS Children's Dentistry cannot communicate with anyone who is not listed on this form:

Cassandra “Casey” Elkins DDS, may need to communicate with your family or caregivers in the following circumstances:

1. Making appointments
2. Confirming appointments
3. Discussing treatment needed or performed
4. Account or financial information

Please indicate below the names of the people who we may communicate with regarding your appointment, medical/dental or account information:

Other Parent _____

Grandparents _____

Aunt(s) _____

Uncle(s) _____

Medical Doctor _____

Other _____

I do not wish to allow any of my information to be shared with anyone including my medical doctor, spouse, or any other family member and or guardian.

Emergency Contact: Name: _____

Phone Number: _____

Child(ren's) Name Printed: _____

Patient/ Parent/ Legal Guardian Signature: _____

Date: _____