RIGHT
DENTAL CARE
"RIGHT FOR YOU, RIGHT FOR YOUR FAMILY"

Disclaimer/Privacy Practices

I understand that the information I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest of confidence. It is my responsibility to inform this office of any changes in my personal or medical information. I authorize the dental team to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent.

Right Dental Care

I understand that Right Dental Care abides by the HIPAA Law and will protect the privacy of my personal information.

Please Print Name _____

Signature _____ Date _____

TO DISCLOSE PRIVATE INFORMATION TO PERSONS OTHER THAN THE PATIENT:

I give permission to Right Dental Care to discuss my patient and account information with the following:

Name _____

Name _____

Name _____

Signature _____ Date _____