

Patient HIPPA Consent For Alternate Contact

I hereby give my consent for Diamond Dental of Owings Mills to disclose protected health information ("PHI" including, for instance, appointment reminders or treatment options and finances) about me or my dependent to the following trusted persons in conformance with Diamond Dental of Owings Mills Notice of Privacy Practices ("NPP"). Diamond Dental of Owings Mills NPP more completely describes why and how such information may be disclosed. I have the right to review the Notice of Privacy Practices prior to signing this consent. Diamond Dental of Owings Mills and its affiliates reserve the right to revise the Notice of Privacy Practices at any time.

Name: _____

Relation to Patient: _____

Phone Number: _____

Name: _____

Relation to Patient: _____

Phone Number: _____

Name: _____

Relation to Patient: _____

Phone Number: _____

Signature of Patient OR Legal Guardian _____

Date _____

Print Patient's Name OR Print Name of Legal Guardian _____