

Royal Family Dentistry

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3610 N. BRIARWOOD LANE

MUNCIE, IN 47304

In order to protect the privacy and confidentiality of your protected health information, Royal Family Dentistry and their staff members are requesting your permission to provide information to individuals other than yourself.

I agree/disagree that information directly related to my healthcare and billing can be released to family members, relatives, close personal friends or any other person(s) that are identified below.

I agree/disagree to be contacted by telephone for appointment confirmations, follow up regarding treatment or test results, in an emergency at work, and that you may leave messages on my answering machine.

Please identify individuals that you agree to allow Royal Family Dentistry and their staff members to communicate healthcare and billing information to:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of patient or legally authorized individual

Date

Relationship to patient, if signed by anyone other than the patient

The "Notice of Privacy Practices" for Royal Family Dentistry has been made available for my review.

Patient Initials: _____