

Wadsworth Dental, PA  
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**PATIENT RECORD OF DISCLOSURE AND CONSENT**

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI), The individual is also provided the right to confidential communications or that a communication of PHI be made by alternate means, such as correspondence to the individual's office instead of home.

**I wish to be contacted in the following manner (check all that apply)**

Home telephone\_\_\_ Work telephone\_\_\_ Cell phone\_\_\_

OK to leave a detailed message with person or on answering machine\_\_\_

Leave message with call back number only\_\_\_ OK to mail home address\_\_\_

OK to Mail to work address\_\_\_ Do not mail any personal information\_\_\_

**Please list individuals we can discuss your information with (ex: treatment, treatment plans, diagnosis, billing, test results, appointments, pre-medication reminders)**

**Please list their relationship to you: (This includes spouses, children, guardians, parents, friends, significant others, etc/.)**

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone  
#\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone  
#\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone  
# \_\_\_\_\_

Signature: \_\_\_\_\_  
name: \_\_\_\_\_

Print

patient

(Parent/guardian if patient is a minor)