

Communication Disclosure and Consent Form

In order to comply with HIPAA (Health Information Portability and Accountability Act of 1996) regulations, we ask that our patients review and sign this Communication Consent Form.

Oral and Maxillofacial Surgery and Implant Specialists of Middlesex will not release confidential and/or protected health information (PHI) by home mailing, home telephone, answering machine, cell phone, work phone, or voice mail without expressed permission from the patient or his/her guardian or guarantor. Information will also not be left with an unauthorized person.

As a courtesy, Middlesex OMS will submit claims, predeterminations and other correspondence to your insurance company(ies) to facilitate billing. In the event of outstanding payments, this information may also be sent to collection agencies or legal department as required.

I, _____ authorize Oral and Maxillofacial Surgery and Implant Specialists of Middlesex to contact me and or named authorize person(s) and to convey PHI by the following methods and assume responsibility to notify Middlesex OMS whenever this changes:

Home Mail [] _____

Email [] _____

Cell Phone [] _____

Home Telephone [] _____

Voice Mail/Answering Machine [] _____

Work Telephone [] _____

FAX [] _____

Authorized Contact Person: _____ (relationship)

Phone Number: _____

Authorized Contact Person: _____ (relationship)

Phone Number: _____

Authorized Contact Person: _____ (relationship)

Phone Number: _____

Signature: _____ Date: _____