

Holehouse Center for Complete Dentistry, P.L.
3700 Winter Garden-Vineland Road
Winter Garden, FL 34787

PATIENT HIPAA CONSENT & ACKNOWLEDGEMENT OF PRIVACY NOTICE

By law, without your authorization, Holehouse Center for Complete Dentistry cannot communicate with:

1. Your spouse
2. Your adult children (18 yrs or over) or caregivers
3. Your parents (if you are age 18 or over)

Holehouse Center for Complete Dentistry may need to communicate with your family or caregivers in the following circumstances:

1. Making appointments
2. Confirming appointments
3. Discussing treatment needed or performed
4. Account or financial information

Please indicate below the names of people who we may communicate with regarding your appointment, dental, or account information:

- ☐ My spouse _____
- ☐ My adult children _____
- ☐ My parents _____
- ☐ My caregiver _____
- ☐ Other _____

☐ I do not wish to allow any of my information to be shared with anyone including my spouse, or any other family member and/or guardian.

Patient name printed: _____

Patient/guardian signature: _____

Date: _____