**Barry D. Lyon, D.D.S. & Associates, L.L.C.**
**7704 Quarterfield Road**
**Glen Burnie, Maryland 21061**
**(410) 760-1212**
**www.drblyon.com**

# PARENT/GUARDIAN COMMUNICATION AND RECORD OF DISCLOSURES FORM

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of the protected health information, (PHI).

The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home

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

□ Home Telephone_____
- □ leave message with detailed information
- □ leave message with call-back number only

□ Work Telephone_____
- □ leave message with detailed information
- □ leave message with call-back number only

□ Written Communication
- □ okay to send to my home address
- □ okay to send to my work/office address
- □ okay to fax to this number_____
- □ okay to e-mail to this address_____

□ Other_____
_____
_____

Patient's Name:_____
Parent's/Guardian's Signature:_____Date:_____

| DATE SENT | INFORMATION SENT | TO WHOM SENT | BY WHOM SENT | DATE RETURNED |
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