Caring Hands Dental Clinic

Outreach Clinic Permission Form – please print clearly and complete all areas

Patient Name_____ MA Primewest Blue Plus Medica Headstart Sliding fee scale(apply)

DOB_____ Gender; MALE FEMALE Insured ID #_____

Parents/ Guardian_____ Private Insurance Co. name _____ID#_____

Address_____ Private Insurance in name of_____ DOB _____

Phone_____ Private Insurance Co address _____

Medical/Dental History:

Physician/Clinic_____ Health Concerns/Conditions_____

Medications:_____ Allergies:_____

Is Child being treated for anything at this time? Yes No If yes, What_____

Recent Hospitalization: _____ Surgeries:_____

Last dental visit _____ What was done _____ Where _____

Is this your regular dentist? _____If yes, will you continue going there?_____ Any dental concerns _____

Notice of Privacy Practices

You have privacy rights under the Minnesota Government Data Practice Act and the Federal Health Insurance Portability and Accountability Act (HIPPA). These laws protect your privacy, but also let us give information about you to others if a law requires it. A complete notice with all details is available upon request from the following provider of services.

Permission

I give permission to Caring Hands Dental Clinic staff to provide the following services for the above named patient. I have reviewed the Notice of Privacy Practices. Circle all that apply:

Oral Examination Xrays(if needed) Cleaning Fluoride Varnish Oral Hygiene Instructions Open Wide look

I also give permission for the patient's dental/health information to be shared with the following; please X those with permission. Headstart ___ Social Service ___ Public Health ___ County Family Services___ School Health Service ___ Family Services Collaborative___

Others, please list_____

Parent/ Guardian Signature:_____Date:_____

This permission is in effect for 18 months unless cancelled sooner.

CLINIC USE ONLY

❖ Date:_____ Signature:_____ Referral: YES NO

Oral Exam Cleaning Fluoride Varnish Oral Hygiene Instructions Xrays Open Wide look

Notes:_____