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Due to recent changes in HIPAA guidelines, Dr. Ragsdale's office needs additional information on the patient chart regarding individual patient contacts. Due to confidentiality laws, we may only speak with the patient regarding diagnosis and treatment unless we have permission from the patient to speak with other individuals.

Please list any people with whom we may discuss your care. These will be the ONLY people we will discuss your diagnosis and treatment with other than yourself. This will also apply to a dependent child when signed by parents and/or legal guardian. Further, if a divorced spouse is responsible for any portion of insurance or payment they, too, can be told all pertinent information unless legally forbidden to. Also, by signing this form, I give authorization to the person accompanying my dependent child to make treatment decisions if I am unable to be contacted and I will be responsible for all charges if this occurs.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Patient Signature/Date

Witness/Date