

Central Park West Dental Studio  
350 Central Park West, Suite 1E  
New York, NY 10025  
(212)678-1144

**PATIENT CONFIDENTIALITY**

In this office, **Patient Confidentiality** is a prime concern. Please indicate below with whom our office can or cannot leave a message. Please check where appropriate.

	YES	NO	DOESN'T APPLY
Spouse	___	___	___
Children	___	___	___
Answering Machine Home	___	___	___
Answering Machine Work	___	___	___

Are you able to receive calls at your workplace? \_\_\_\_\_

May we call you at your workplace and state who is calling? \_\_\_\_\_

Due to our confidentiality regulations, should a family member, friend, or relative contact our office, we are not at liberty to discuss your situation unless we have permission from you, the patient.

Please check with whom we may discuss your situation.

	YES	NO	DOESN'T APPLY
Spouse	___	___	___
Children	___	___	___

**Children and/or Significant Others**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_