

**HEALTH CARE INFORMATION PRIVACY POLICY**

DRUM HILL DENTAL CARE, P.C.  
RICHARD C. KARP, D.M.D.  
117 DRUM HILL ROAD  
CHELMSFORD, MA 01824

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize release of  
Please print name

information regarding my dental condition and treatment to:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

OR:

DO NOT DISCUSS MY DENTAL CONDITION OR TREATMENT  
WITH ANYONE.

I understand that if I have dental insurance, I have agreed to provide them with  
the information they require.

**I WISH TO BE CONTACTED IN THE FOLLOWING MANNER: (Check all that apply)**

- Home Telephone \_\_\_\_\_  Written Communication  
 Work Telephone \_\_\_\_\_  Other \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_