



Patient Please Fill Out

Acknowledgement of Privacy Practice

I am signing this form because I understand that my personal health information is private and protected by the HIPAA Act of 1996. I also understand:

- This information can be shared only with health care providers and others who are involved with treating me.
- This information can be used when billing insurance companies, DSHS, or other agencies that may pay for these services.
- A more complete description of these policies is available to me and I may request a copy at any time.
- I may ask, in writing, that this information not be shared with other health care providers, insurance companies or DSHS.
- Washington State Smile Partners is bound by law to abide by your request.
- Washington State Smile Partners may change its Privacy Practices and I can request a copy of these at any time.

Patient name: _____ Date: _____
Signature: _____

Request for Consultation from your Doctor

To primary care provider: _____
Regarding: _____ Date of Birth: _____
Date of Request: _____

The individual above has requested dental hygiene treatment. The treatment will involve initial evaluation, oral infection control through removal of bacterial debris by scaling and root debridement, denture/partial denture cleaning and application of topical fluorides for caries prevention and control as needed. The scaling and root debridement are likely to cause gingival bleeding, transient bacteremia and concern for patients who receive anticoagulants. Topical anesthetic and oral rinses may be used. Appointments are typically an hour long. Follow up and regular maintenance appointments will be scheduled as needed. Please complete the following orders by circling YES or NO.

Primary Care Physician Please Fill Out

The individual may receive dental hygiene services as needed: YES NO

The individual requires antibiotic prophylaxis: YES NO

RX: _____

Other health concerns: _____

Primary care provider printed name: _____

Signature: _____ Date: _____

Please return release to patient for their first appointment or mail to address on letterhead.