

Lilly Family Dentistry

Patient Authorization regarding dental care being provided in an “open treating” environment

It is the practice of this office to provide dental care in an “open treating” environment. “Open treating” involves several patients being seen in the same treatment room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. Oral communications with patients about their health care are conducted with discretion and every effort is made to avoid unauthorized person(s) from overhearing the conversation (lowered voices, facing the patient directly, etc.).

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as an “incidental disclosures” of health information. It is our intent to advise you of our procedures and provide this disclosure in the event you or someone else would not agree with us.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be treated in an open-treating environment, other arrangements will be made for you. Your decision will have no adverse effect on your care from Dr. Lilly or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Patient Name: _____

Signature: _____

Date: _____

You may revoke this authorization at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedures to be completed.