

Mitch Conditt, DDS

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PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

### PATIENT HIPPA QUESTIONNAIRE

PLEASE LIST THE FAMILY MEMBERS OR OTHER PERSONS, AND PHONE NUMBERS, IF ANY, WHOM WE MAY INFORM ABOUT YOUR GENERAL DENTAL CONDITION AND/OR YOUR DIAGNOSIS (INCLUDING TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS):

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THE FAMILY MEMBERS OR SIGNIFICANT OTHERS, IF ANY, WHOM WE MAY INFORM ABOUT YOU DENTAL CONDITION *ONLY IN AN EMERGENCY*:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE PRINT THE ADDRESS OF WHERE YOU WOULD LIKE ANY MAIL CORRESPONDENCE FROM OUR OFFICE TO BE SENT *IF OTHER THAN YOUR HOME*:

\_\_\_\_\_

PLEASE PRINT THE TELEPHONE NUMBER WHERE YOU WANT TO RECEIVE CALLS ABOUT YOUR APPOINTMENTS, LAB, AND XRAY RESULTS, OR OTHER HEALTH CARE INFORMATION.

# \_\_\_\_\_ (I AM FULLY AWARE THAT A CELL PHONE IS NOT A SECURE AND PRIVATE LINE.)

CAN CONFIDENTIAL MESSAGES (I.E. APPOINTMENT REMINDERS, TREATMENT QUESTIONS) BE LEFT ON YOUR HOME, WORK, OR CELL PHONE VOICEMAIL? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

PRINT PATIENT NAME \_\_\_\_\_ (GUARDIAN IF UNDER 18 YRS)

PATIENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_