



MICHAEL F. WHELAN, M.D., D.D.S.

Notice of Privacy Practices Acknowledgment and Release of Information Authorization

We keep a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so, you have consented to disclosure as specified herein, or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our staff.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information. Please ask to see a copy of this document at anytime, and one will be provided.

I authorize Sound Surgery, as needed, to discuss my health care, treatment and financial arrangements with the other healthcare providers involved in my care, the individual who participates in my consultation, the individual who transports me after surgery, and my insurance company (ies).

Additionally, I authorize Sound Surgery, as needed, to discuss my health care, treatment, and financial arrangements with the individuals indicated below:

- My spouse
- My children/stepchildren
- My parents/stepparents
- My employer
- My insurance company(ies)
- The individual who transports me after surgery (health care and treatment information only)
- Other _____

Consent to Leave a Message

- Sound Surgery has my permission to leave a message regarding my future procedure or appointment at my residence and/or on an answering machine attached to a phone number that I have provided.

By my signature below, I acknowledge receipt of this disclosure and authorize discussion of my health care and related issues as indicated above.

Patient name (please print)

Date

Patient signature (or legally authorized individual)

Printed name of signer (if not patient)

Diplomate American Board of Oral & Maxillofacial Surgery • Diplomate American Board of Plastic Surgery

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This form will be retained in the patient record

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