

Person-Person Records Release Form

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information to the physician/person/facility/entity listed below.

Patient Name: _____ Date of Birth: _____

The information you may release subject to this signed release form is as follows: (check all that apply)

- Complete records
- Treatment plans
- Progress notes
- Financial/Insurance information

Release my protected health information to the following:

Name: _____ Relationship _____

Phone #: _____

Name: _____ Relationship _____

Phone #: _____

Signature (of person releasing information): _____

Today's Date _____ End date _____

Cold Sores/ Shingles Policy

The cold sore/shingles virus is very common and is carried by much of the population. Cold sores and shingles are highly infectious and capable of spreading to other parts of the body. Once you have been infected, the virus lies dormant. The virus can subsequently be reactivated, and it is the reactivation that presents as a cold sore on the lips or bumps on the body.

At our practice we will not treat anyone who has cold sores or shingles present in the early stage as this is when the virus is highly contagious. Once a hard scab has formed and isn't in a prominent place on the face/mouth then we can see you for treatment, usually about a week later.

If you would like to discuss treatment options, let Dr. Ginther or your hygienist know when you are being seen.

*****It is important for you to contact the office to reschedule non-emergency dental treatment if you develop a cold sore and are not in the healing state. *****

I understand the above policy regarding the cold sores/shingles and sign in agreement.

Signature: _____ Date: _____