

Outreach Clinic Permission Form – please print clearly and complete all areas

Child's Name _____

MA Primewest Blue Plus Medica Headstart Ucare HP

DOB _____ Gender; MALE FEMALE

Insured ID # _____

Parents/ Guardian _____

Private Insurance Co. name _____ ID# _____

Address _____

Private Insurance in name of _____ DOB _____

Phone _____

Private Insurance Co address _____

Medical/Dental History:

Physician/Clinic _____ Health Concerns/Conditions _____

Medications: _____

Allergies: _____

Is Child being treated for anything at this time? Yes No

If yes, What _____

Recent Hospitalization: _____

Surgeries: _____

Last dental visit _____ What was done _____ Where _____

Is this your regular dentist? _____ If yes, will you continue going there? _____ Any dental concerns _____

Notice of Privacy Practices

You have privacy rights under the Minnesota Government Data Practice Act and the Federal Health Insurance Portability and Accountability Act (HIPPA). These laws protect your privacy, but also let us give information about you to others if a law requires it. A complete notice with all details is available upon request from the following provider of services.

Permission

I give permission to Caring Hands Dental Clinic staff to provide the following services for the above named patient. I have reviewed the Notice of Privacy Practices. Circle all that apply:

Oral Examination Xrays(if needed) Cleaning Fluoride Varnish Oral Hygiene Instructions Open Wide

I also give permission for the patient's dental/health information to be shared with the following; please X those

with permission. Headstart ___ Social Service ___ Public Health ___ County Family Services ___
School Health Service ___ Family Services Collaborative ___

Others, please list _____

Parent/ Guardian

Signature: _____ Date: _____

This permission is in effect for 18 months unless cancelled sooner.

TRANSPORTATION NEEDED? Yes No

CLINIC USE ONLY

❖ Date: _____ Signature: _____ Referral: YES NO

Oral Exam Cleaning Fluoride Varnish Oral Hygiene Instructions Xrays Open Wide look

Notes: _____