

## CONFIDENTIALITY POLICY; EMERGENCY CONTACT DETAILS

We are requesting an update of your contact details to ensure that our records are up to date and that we are able to contact you quickly if the need arises. You do not need to provide all the information but it would be helpful if you can give us as much information as possible.

Name:	
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My address has changed (if yes please write new address on back) <b>Yes / No</b>
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Date of Birth:		Home Tel No:	
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Mobile Tel. No:		Work Tel. No:	
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Email Address:			
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Please provide details of the person you would like us to contact in the event of an emergency.

Name:
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Relationship:		Home Tel No:	
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Mobile No:		Work No.	
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According to General Dental Council Regulations, Hazelbrook Dental Practice is not permitted to discuss any aspect of a patient's treatment with any unauthorised third party, including aspects relating to appointment times, appointment cancellations and postponements.

If it is likely that you will ever need to have a third party change any appointment on your behalf, or are happy that a third party be notified of a change to an existing appointment by Hazelbrook Dental Practice, please ✓ the appropriate authorisations below. **We will not be able to discuss any other matters (e.g. treatments or cost) with a third party for any patient who is over 18.**

You may leave a message with the person who answers:

YES (✓)

NO(✓)

Home telephone:		
Mobile telephone:		
Work No:		

Please delete as appropriate:

- a) I may ask a third party to check or change appointment times for me and I am happy for you to give a third party details of times and lengths of appointments.
  
- b) I will not ask a third party to contact you for any appointment details or to make changes to appointments.

Signed:

Date: