



# DIETRICH ORTHODONTICS

## Access to Patient Account

Our office allows for one responsible party on each patient's account. Due to the HIPAA Privacy Rule, we must have permission for any other person to have access to the account/healthcare records.

Please list below the names of the people who are allowed access to your account, or your child \_\_\_\_\_'s account, and/or patient records. Please check all that apply:

Name & Relationship to Patient	Financial Information	Orthodontic Treatment
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Please be aware that if this changes at any time during treatment, it is your responsibility to update our office.**

\_\_\_\_\_  
Responsible party signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date