SMILE BRIGHT DENTURES
QUALITY DENTURES - AFFORDABLY PRICED

Consent for the Release of Confidential Information

I have read and reviewed a copy of the Notice of Privacy Practices for this office.

I authorize the dentist and/or denturist to perform diagnostic procedures and treatment as may be necessary for the delivery of proper dental and or denture care.

I authorize release of any information concerning my (or my child's) healthcare, for advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I authorize release of any information concerning my (or my child's) healthcare, for advice and treatment to another dentist, or another healthcare professional and their staff.

If I am the Legal Guardian of the Patient, I authorize the release of any of the above mentioned information to another dentist or another healthcare professional and their staff or to insurance companies.

I authorize the release of information concerning my (or my child's) healthcare to this additional person or organization.

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Patient, POA, Legal Guardian, Print Name

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Patient, POA, Legal Guardian, Signature

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Date