

Release Form for Individuals Involved in Care of Patient

I, _____ give Houston Dental Clinic permission to speak with the following people regarding my health status , including diagnosis, treatment options and plans, and payment for health service I receive.

Signature _____

Signature of parent or guardian if patient is a minor _____

This consent is valid until I provide a written revocation of the change.

The office may speak with:

Name _____

Relationship _____ Phone _____

Information to be released:

Treatment__ Diagnosis__ Schedule__ Payment__ Other_____

Name _____

Relationship _____

Information to be released:

Treatment__ Diagnosis__ Schedule__ Payment__ Other_____

Name _____

Relationship _____ Phone _____

Information to be released:

Treatment__ Diagnosis__ Schedule__ Payment__ Other_____

Name _____

Relationship _____ Phone _____

Information to be released:

Treatment__ Diagnosis__ Schedule__ Payment__ Other_____

