SELECT CARE DENTAL
Redmond

Permission to Disclose Patient Information

We may disclose your finances, dental, and health that may include HIPAA's special protections (HIV/AIDS, mental, genetic and substance use disorder information) to a family member, personal representative, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, **but only if you agree that we may do so**. Please list the individuals below who have your permission to share your health information:

Name	Relationship to Patient

Print Name:_____Date:_____

Signature: _____Date:_____