



### Authorization to Discuss Healthcare

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

I authorize my provider and staff of Oral and Dental Implant Surgery to discuss my healthcare with the following:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

I do NOT authorize my healthcare to be discussed with anyone.

May we leave a message for you on an answering machine?  Yes  No

May we leave a message with someone at your home regarding an appointment?  Yes  No

If yes, with whom can we leave a message? \_\_\_\_\_

I understand that I may revoke this authorization at any time by notifying Oral and Dental Implant Surgery, in writing, except to the extent that:

- 1) Action has been taken in reliance on this authorization.

\_\_\_\_\_  
**SIGNATURE (person/patient authorizing release):**

\_\_\_\_\_  
Relationship to Patient:

\_\_\_\_\_  
Date