desertpearl
DENTISTRY

INFORMATION SHARING CONSENT FORM

I, _____, give my permission to share information concerning:

- ☐ My dental treatment
- ☐ The costs and financial arrangements for my dental treatment
- ☐ My personal health information
- ☐ Other _____

I give my permission to share the above noted information with:

- ☐ My spouse (name) _____
- ☐ My parent(s) (names) _____
- ☐ My adult child or children (names) _____
- ☐ Other _____

☐ I, _____, DO NOT give my permission to share ANY information regarding my treatment, financial arrangements or personal health information with the exception of what is outlined in the Desert Pearl Dentistry HIPAA policy.

Initial: _____

Signed: _____ Date: _____

Witness: _____ Date: _____