OREGON FAMILY DENTAL, P.C.

Permission to Disclose Health Information

We may disclose your health 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 check the appropriate box and list the individuals to whom you allow us to share your health or account information with.

Name	Relationship to Patient	Health Information	Account Information
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Signature of Patient Date