

# Permission to Disclose

M and L Dental will not disclose or discuss personal and confidential information without the written permission of the patient. Information will only be disclosed to those that will need information in completing treatment.

Disclosure of information to patient's insurance company will be made if patient wishes to have billing of dental claims done directly by M and L Dental.

I wish to give the following people listed below access to pertinent information concerning my treatment which may pertain to all aspects of treatment including but not limited to financial responsibilities and recurring and non-recurring conditions.

- 1) \_\_\_\_\_ Relationship
- 2) \_\_\_\_\_ Relationship
- 3) \_\_\_\_\_ Relationship
- 4) \_\_\_\_\_ Relationship
- 5) \_\_\_\_\_ Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature