



Healthy Smile Center

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Oxford, MI 48371
(248) 969-4840 / Fax (248) 969-4841
www.hsmile.com

Consent to Share Personal Dental/Health Information

I give permission for the following people to have unlimited access to my dental records, appointment information, and billing information at Healthy Smile Center PC. I Understand the following people will be able to make and cancel appointments for me, discuss dental treatment and medical information with the doctor and staff, and discuss my billing and insurance information.

I also understand that at any given time I can remove any names from this list and they will no longer have access to my information. This agreement is valid for a period of one year from the date of signature.

	NAME	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I also give the staff at Healthy Smile Center PC permission to leave detailed voice messages on my: (circle one)

CELL PHONE

HOME PHONE

NONE

Patient Name (printed): _____

Patient Signature: _____ Date: _____