Dental Specialties of Saint Louis University Orthodontic Clinic

SHARING HEALTH/FINANCIAL INFORMATION

(Print name of patient) _____ (Birth date) _____ (Patient ID#) _____

(Street address) _____ (City, state, zip code) _____

(Primary contact phone number) _____ (Patient phone number) _____ (Primary contact email address) _____

I permit Dental Specialties of Saint Louis University-Orthodontic Clinic, their faculty, residents, dental assistants, and other personnel ("Orthodontic Care Providers") to discuss health and related financial information, in person or by telephone, with the following family members or friends involved in my dental care. This authorization is limited to communications regarding orthodontic treatment and related condition(s). **Place an "X" next to your first choice of communication.**

Identify below family members or others involved in your care or payment that we may share information with:

Name	Relationship to Patient	Address	Contact Email Address	Contact Phone

Release of information under this document is not limited to verbal discussions with my Orthodontic Care Providers. This document permits the release of any verbal and/or written health information and/or related financial information to the individuals named above. Your provider will determine what information about you needs to be shared based on a need to know basis. This form will remain in effect until such time that it is altered or rescinded by the patient (if age 18 or older) or legal guardian. If, at any time, you do not want verbal/written communications to be permitted between your Orthodontic Care Providers and any of the individuals named above, you must notify your Orthodontic Care Provider by contacting the Business office at Dental Specialties of Saint Louis University-Orthodontic Clinic.

Patient Signature If Over Age 18: _____ Date: _____

Legal Guardian Signature if Patient Under Age 18: _____

Print Patient or Legal Guardian's Name and State Relationship to Patient: _____

INSTRUCTIONS: Please print, sign and send to:

Dental Specialties of Saint Louis University-Orthodontic Clinic
ATTN: Orthodontic Business Office
3320 Rutger Street
St. Louis, MO 63104-1122
Phone: (314) 977-8600 Fax: (314) 977-7782