



Northeast Location
 8606 Village Drive, Suite B
 San Antonio, TX 78217
 Phone: 210-654-6882

Schertz Location
 5000 Schertz Parkway, Suite 301
 Schertz, TX 78154
 Phone: 210-659-8000

Downtown Location
 315 N. San Saba, Suite 202
 San Antonio, TX 78207
 Phone: 210-223-3383

Northern Oaks Location
 4358 Thousand Oaks
 San Antonio, TX 78217
 Phone: 210-656-4300

**AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED
 HEALTH INFORMATION AND ACCOMPANIMENT**

Patient Name: _____ Date of Birth: _____

INFORMATION TO BE USED OR DISCLOSED:

The information covered by this authorization includes: (ie. Treatment plan, account activity)

**PERSONS TO WHOM INFORMATION MAY BE DISCLOSED AND ALLOWED TO
 BRING _____ TO DENTAL APPTS.**

(Name of Patient)

RELATIONSHIP	NAME	ADDRESS	PHONE

EXPIRATION DATE OF AUTHORIZATION:

This authorization is effective through ___/___/___ or (**forever**) unless revoked or terminated earlier by the custodial parent and or guardian.

RIGHT TO TERMINATE OR REVOKE AUTHORIZATION:

You may revoke or terminate this authorization by submitting a written revocation to the Practice. You should contact the Privacy Officer to terminate this authorization.

POTENTIAL FOR RE-DISCLOSURE:

Information used or disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by federal or state law.

SIGNATURE:

I, _____, have had full opportunity to read and consider the contents of
 (Please Print)

the Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my child's protected health information. The authorized persons named above are not Medicaid service providers or employed by or affiliated with Northeast Children's Dentistry, Inc.

Signature

Relationship to Patient

Date