

Oneida Dental Group

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Patient Information Release Form

In order to protect your personal information, we will NOT give information about your treatment to non-medical personnel without your permission. We will therefore be asking each patient or guardian to sign a release for us to share information with persons who may be an exception. This exception may include spouses or other family members or relations. Only one form is needed if you list everyone you want to have this access.

Many people do want their spouse or others to have information about their condition. If you agree that your spouse or family members may have such information, please sign below.

I, _____, give permission for the persons listed below
(Patient's Name)
to know information about the above named person's dental treatment

The persons who may have access to this information are as follows:

1. _____ Relationship to patient: _____
(Persons Name)
2. _____ Relationship to patient: _____
(Persons Name)
3. _____ Relationship to patient: _____
(Persons Name)

(Patient or Guardian's Signature)

(Date)