Mauricio DosSantos DDS

Permission to Share Information

We take your privacy seriously and are required by law to receive your permission to share any information regarding your account. You are not required to complete or sign this form. By completing this form you give permission to the staff and doctors at Mauricio DosSantos DDS to share the following records with the person(s) listed below.

Person(s) allowed to receive information:

_____

_____

Please check information you want to be accessible to person(s) listed:

☐ **All account/dental information**

☐ **Other**

- ☐ **Financial**
- ☐ **Treatment Plan**
- ☐ **Previous Dental work**

We will continue to share the information listed with the person(s) you have listed until such time as you notify us otherwise. You may contact us at any time to have us discontinue sharing this information.

Print Name:_____

Signature:_____

Date:_____