

Many of our patients allow family members such as their spouse, significant other, parents or children to call and request the results of tests, procedures and financial information. Under HIPAA requirements, we are not allowed to give this information to anyone without the patient's consent. If you wish to have your dental information, any diagnostic test results and/or financial information released to any family members, you must sign this form.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

**I authorize Dr. Molly Weindt of MW Dentistry and Esthetics to release my records and any information to the following individuals:**

1. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_
2. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_
3. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_
4. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_
5. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

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Patient Name (Please Print)

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Patient Signature

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Date