

Small World Pediatric Dentistry, P.C.
Andrew Guthrie, D.D.S., M.S.D.
3616 N.W. 50th Street
Oklahoma City, OK 73112
(405)946-0686

Patient Disclosure Instructions

Your Authorization: In addition to our use of your child's health information for treatment, payment, or healthcare operations, you may give us written authorization to use your child's health information, or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your child's health information for any reason except those described in this Notice.

To Your Family, Friends and Step-Parents: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your child's healthcare or with payment for your child's healthcare, but only if you agree that we may do so. This authorization is for all children in family unless otherwise stated.

Exception _____

Please fill out all that apply:

None _____

Name and Relationship to patient _____

Name and Relationship to patient _____

Name and Relationship to patient _____

Name and Relationship to patient _____

Name and Relationship to patient _____

Name and Relationship to patient _____

Signature of Legal Guardian _____ Date _____

Please Print and return by email to staff@smallworldokc.com or fax to (405)-946-0687