



RENICK ORTHODONTICS

700 C W. Cherry Street Sunbury, Ohio 43074
740-936-5003 ***www.Renickortho.com*** info@Renickortho.com

Patient Name: _____

DOB: _____

HIPAA RELEASE

I, , give permission to Renick Orthodontics speak

with the following individuals/organizations as indicated:(These individuals are NOT people who have legal guardianship over the patient.)

Individual/Organization 1:

	<input type="checkbox"/> Step parent <input type="checkbox"/> grandparent <input type="checkbox"/> aunt/uncle <input type="checkbox"/> sibling <input type="checkbox"/> Other(specify): _____	
NAME	RELATIONSHIP TO PATIENT	
ADDRESS		
CITY	STATE	ZIP
	You may discuss the following with this person: <input type="checkbox"/> TREATMENT AND/OR <input type="checkbox"/> FINANCES	
PHONE		

Individual/Organization 2:

	<input type="checkbox"/> Step parent <input type="checkbox"/> grandparent <input type="checkbox"/> aunt/uncle <input type="checkbox"/> sibling <input type="checkbox"/> Other(specify): _____	
NAME	RELATIONSHIP TO PATIENT	
ADDRESS		
CITY	STATE	ZIP
	You may discuss the following with this person: <input type="checkbox"/> TREATMENT AND/OR <input type="checkbox"/> FINANCES	
PHONE		

Print Name

Signature

Date