

Small World Pediatric Dentistry, P.C.  
Andrew Guthrie, D.D.S., M.S.D.  
3616 N.W. 50<sup>th</sup> 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 [okcpedo@aol.com](mailto:okcpedo@aol.com) or fax to (405)-946-0687