

## Consent of Health Information

Because patient confidentiality is a primary care at My Kids' Dentists, it is important that you provide us with the following to ensure that there is no violation of your privacy.

In the event that you cannot be reached, My Kids' Dentists, may leave a message regarding confirming appointments, treatment, or account balances with the following:

Family member (name and phone #) \_\_\_\_\_

Answering machine or voice mail (phone #) \_\_\_\_\_

E-Mail \_\_\_\_\_

Other (specify) \_\_\_\_\_

In the event that I \_\_\_\_\_ cannot accompany my  
child to the dental visit I give consent that \_\_\_\_\_  
(Parent/Guardian Name)

\_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_

can bring them to their dental appointment.

I understand that if any of the above information changes, it is my responsibility to notify the staff of My Kids' Dentists.

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Parent/Guardian's Signature

Date