GROWING Smiles Pediatric Dentistry

Gilbert A. Trujillo, DDS
Licensed Pediatric Specialist

Kellie McGinley, DDS
Board Certified, Diplomate
American Board of Pediatric Dentistry

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Board Certified, Diplomate
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Patient Name _____ Date of Birth _____
(please print)

It is the policy of Growing Smiles Pediatric Dentistry, to make confirmation phone calls to patients prior to their appointment. Due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), it is necessary for us to get your authorization on certain communication formats. Please see below and mark accordingly.

I authorize the staff of Growing Smiles Pediatric Dentistry to leave a message on my answering machine/voice mail at **home** or **cell phone** (please circle one or both) regarding:

My child's appointment O Yes O No My child's dental care/results O Yes O No

Home Phone _____ Cell Phone _____ Other _____

Also, if I am not available, I authorize the staff of Growing Smiles Pediatric Dentistry to speak with and release information to the following individual(s) regarding:

Name	Relationship	Phone	Appointment	Dental/Results	Account/Billing
			O Yes O No	O Yes O No	O Yes O No
			O Yes O No	O Yes O No	O Yes O No
			O Yes O No	O Yes O No	O Yes O No
			O Yes O No	O Yes O No	O Yes O No

I authorize the staff of Growing Smiles Pediatric Dentistry to call my work number, if I am otherwise not available. O Yes O No
Work Number _____

I authorize the staff of Growing Smiles Pediatric Dentistry to leave a message on my voice mail at my work number. O Yes O No

I authorize the staff of Growing Smiles Pediatric Dentistry to e-mail me (non-secured) appointment reminders to email address: _____
O Yes O No

I authorize the staff of Growing Smiles Pediatric Dentistry to send me a text message to: _____
O Yes O No

I understand that it is the policy of Growing Smiles Pediatric Dentistry to take a photo of each patient for their Dental Chart.

I understand this release will remain valid and in place until revoked by me in writing.

Dated this ___ day of _____, 20____.

_____ _____
Parent or Guardian Signature Date

_____ _____
Parent or Guardian Signature Date