

Permission to Disclose Information

We may disclose your health information to a family member, personal representative, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. Please list the individuals below who have your permission to share your health information.

Name	Relationship to Pt	Conditions of Access
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Signature of Patient

 Date

Darin O'Bryan, DDS

p (541) 756-1117 / (541) 756-3811
 e drobryan@onemorereasontosmile.com
 w onemorereasontosmile.com

Pacific Coast Medical Park
 1957 Thompson Rd, Coos Bay, OR 97420