

Oral Surgery Associates
2440 West Peterson Avenue
Chicago, IL 60659
773-761-7171

Oral Surgery Associates
4905 Old Orchard Center
Suite 610
Skokie, IL 60077
847-676-9300

Disclosures To Individuals Involved In Patient's Care

There may be times when it is necessary for an individual directly involved in your care to call our office to inquire about your **personal health information or billing information**. Please take a few moments to complete this section.

I authorize Oral Surgery Associates to disclose my health information that is directly related to my current treatment at Oral Surgery Associates to the individual(s) listed below for purpose of their role in my treatment or payment or payment for the health services that I have received.

Such persons involved in your care may include: spouse, children, blood relatives, roommates, boyfriends/girlfriends, domestic partners, neighbors and colleagues.

NAME	RELATIONSHIP

Patient's Name: _____

Date: _____

Signature: _____