

Paul JR Gamache, DMD, PC
137 Elm Street
Pittsfield, MA 01201
(413) 442-8664

**Involvement in Dental Care
HIPAA Consent**

DOB =
AGE =
HOME PHONE =
CELL PHONE =
EMAIL =

I hereby request that the following person(s) be allowed to participate in my dental health care decision making process. The following person(s) can also be involved in the payment decision process of my dental care. I understand that the following person(s) may be given health care information or payment information about me if am unavailable or unable to communicate with the dental office staff.

The office of Paul JR Gamache, DMD, PC will make reasonable effort to provide only the necessary information to the following person(s) to make an informed decision or to receive dental health information concerning my care.

The office of Paul JR Gamache, DMD, PC will act on this information until I revoke or amend this authorization in writing.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature