

PAUL W. CLANCY, D.D.S., P.C.
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Northville, MI 48168

Over 18 HIPAA Release and Consent

I understand and acknowledge that as of my 18th birthday, I must grant permission for my parents and/or guardians to speak to, see my records, or handle my account or insurance information at your office. I also give them permission to schedule any appointments I may need for my dental care. I also acknowledge that if my account is not paid by my parents, that I am responsible for my account balance.

I wish to grant access to my dental records to:

Print name of parent or guardian and relationship

Print name of parent or guardian and relationship

Print name of patient

Signature of patient and date