Sonja L. Maggard, D.M.D.
121 Prosperous Place, Suite 12B
Lexington, KY 40509
(859) 263-1888

Medical/Dental Information Release

Please choose one of the following:

I DO give Dr. Sonja Maggard's office permission to discuss my medical/dental condition with the following persons:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

Patient Signature: _____ ***Date:*** _____

OR

I DO NOT give Dr. Sonja Maggard's office permission to discuss my medical/dental condition with anyone.

Patient Signature: _____ ***Date:*** _____

HIPPA Acknowledgement

I, _____, herby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this notice. I understand that this practice has an obligation to keep my records confidential, unless otherwise given permission by me to release information.

Patient Signature: _____ ***Date:*** _____