

Scott A. Andersen, D.D.S.

Woodlands Pediatric Dentistry

4850 W. Panther Creek Dr. Ste. 102. The Woodlands, Texas 77381

Authorization for Disclosure of Protected Health Information

Under the Health and Human Services Privacy Act, we are required to obtain your authorization for your child to participate in the "No Cavities Club".

When your child qualifies for the "No Cavities Club", his or her name will be published in the **Woodlands Village newspaper**. In addition, your child's picture may be used, with your permission, for the purpose of patient education. This is done to encourage other children to strive for better dental health.

This authorization will be in effect as long as the child is a patient of this office or until such time you may deem to revoke this authorization.

Please sign the form below.

I _____ authorize the use of my child's name and picture as described above. The authorization will begin on this date _____ and end when my child is no longer a patient of this office or when I deem necessary to revoke this authorization.

Please list names of your children below:
