



Dr. Travis Burk

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In accordance with HIPAA, we are legally obligated to have your written permission before we disclose any health care information concerning you or your children to any other party.

**Consent to Use or Disclose
Dental Treatment, Payment or Healthcare Operations**

I authorize The Kids' Dentist to use and disclose the treatment, payment or healthcare operations of:

Patient's name (s)

For the following purpose(s):

- To coordinate or manage care to child with third parties (insurance companies), and consultations involving dentists, physicians and other healthcare providers.
- To determine eligibility for dental plan coverage, billing matters and reimbursement programs addressing review of dental services for clinical necessity, precertification and preauthorization of benefits, and for the associated business and administrative affairs of this office.

You have the right to revoke this Consent. However, you must revoke the Consent in writing. Any revocation would not pertain to information already used or disclosed pursuant to this Consent during the time frame with which this Consent is effective.

Date

Signature of Parent or Guardian