



PALM HARBOR
FAMILY DENTISTRY

Dr. J. Taylor Massey, DMD, Dr. Ashley H. Massey, DMD

Dr. Kevin D. Kiley, DDS

3820 Tampa Road Suite #201

Palm Harbor, FL 34684

I, _____ authorize Palm Harbor Family Dentistry
and any of their staff, doctors, hygienist, assistants, front office or office
manager to discuss my dental treatment with _____
whose relationship to me is _____.

This authorization will remain in effect until a written letter by patient.
This will also authorize Palm Harbor Family Dentistry to discuss all dates of
treatment unless otherwise stated in writing by patient.

I have received or reviewed a copy of the HIPAA Privacy Policies.

Patient Signature _____ Date _____

Witness _____ Date _____