



Authorization for Release/Disclosure of Medical Information

Medical information is protected under State of Maine Law, and except as provided by the law, cannot be disclosed without written consent. Information released with this authorization will not be sold, transferred or in any way relayed to any other person or company not specified below. This authorization does not expire until revoked in writing.

You may obtain a copy of our Privacy Practices, including any revisions of our Notice, at any time by contacting our office manager.

Contact Person: Office Manager

Telephone: 207.839.6266 Fax: 207.839.7019 Email: [maplewooddentalarts@gmail.com](mailto:maplewooddentalarts@gmail.com)

Address: 405 Main Street, Gorham, ME 04038

Please list the names and phone numbers of people with whom we can discuss your treatment:

Name:

Phone number:

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What topics can we discuss: ☐ Treatment ☐ Billing

NAME (Printed): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_ Can we leave detailed messages? ☐ Yes ☐ No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Andrea Taliento, DMD  
Melissa Carrier, DDS

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