



Dr. Philip N. Heinecke

Dr. Ashley Heinecke Massey

Dr. J. Taylor Massey

7135 Mariner Blvd.

Spring Hill, FL

I _____ authorize Dr. Heinecke, or
any designated party at Heinecke Family Dentistry 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 Heinecke Family Dentistry to discuss all dates of
treatment unless otherwise stated in writing by patient.

Patient Signature _____

Date _____

Witness _____

(received or reviewed a copy of the HIPAA Privacy Policies)