



Dr. Brandon Ellis Dr. Jeffrey Rubino

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Designation of Individuals Who are Authorized to Access My Payment and/or Treatment Information

I hereby authorize Longmeadow Family Dental Care to disclose my protected health information and related treatment and/or payment information for health services received to the individual(s) (i.e. family members, etc.) who I have indicated below.

Individual's Full Name (Please Print)	Relationship to Patient (Please Print)

This information will be presumed valid and Longmeadow Family Dental Care may rely on it until you have submitted written notification stating changes in individual designation. Notification of a change should be sent to: Longmeadow Family Dental Care, ATTN: Business Manager – 19638 Leitersburg Pike, Suite 103, Hagerstown, MD 21742.

Patient or Legal Representative's Signature

Date of Signature

Patient Name (please print)