



**AUTHORIZATION
FOR DENTAL
CARE REFERRAL
TO MOUNTAIN
HEALTH
ALLIANCE**



The Mountain Health Alliance (MHA) is a regional network dedicated to increasing access to affordable, comprehensive, quality dental care. The undersigned has indicated a desire to be contacted by a Community Health Worker (CHW) regarding dental and oral health needs. By completing and signing the form below, the undersigned expressly authorizes Mineral County Health Department representatives to fax his or her personal information to Mountain Health Alliance via the Area Health Education Center *West* (AHEC *West*). The undersigned understands that by signing and providing this form to the Mountain Health Alliance it does not guarantee dental treatment or payment for dental treatment. The undersigned further understands that the Mountain Health Alliance and AHEC *West* are not owned, operated, or in any way affiliated with the Mineral County Health Department. The undersigned understands that any interaction he or she may have with Mountain Health Alliance and/or AHEC *West* shall be wholly independent of care, treatment, or instruction received by the Mineral County Health Department and its staff.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ E-MAIL _____

SIGNATURE _____ DATE: _____

For Staff Use Only:

ONCE COMPLETED, PLEASE FAX THIS FORM TO:

Dorian Birkholz, CHW
AHEC *West*
39 Baltimore Street, Suite 201
Cumberland, Maryland 21502

Fax: (301) 637-3356