



smilefundusa@gmail.com

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Carlsbad, CA 92013

## Patient Consent Form for Information Sharing and Communication with Dental Providers

### Purpose of Consent

This form provides you with information on how Smile Fund USA and MedAid Financial, LLC will use and share your personal and financial information as part of your grant application. By signing below, you consent to the collection, sharing, and use of this information for purposes related to processing your grant application, coordinating with dental providers, and complying with IRS rules for tax-exempt organizations.

### Information Disclosure

#### 1. Grant Application Processing

Smile Fund USA and MedAid Financial, LLC may share your information with local dental providers to facilitate your grant application process. These dental providers will conduct an exam, make a diagnosis, and create a treatment plan that includes a cost estimate, which they will share with Smile Fund USA and MedAid Financial, LLC. This information is required to assess your grant eligibility and process any grant awards.

#### 2. Coordination with Dental Providers for Treatment Planning

By signing below, you give proactive consent to the dental provider or dentist conducting your exam to share their findings, treatment plan, and cost estimate with Smile Fund USA and MedAid Financial, LLC. This ensures that the required details are available for grant processing and can help expedite funding approval and distribution.

#### 3. IRS Compliance and Tax-Related Reporting

As a tax-exempt organization, Smile Fund USA must follow IRS regulations regarding the documentation of grant activities. This may include documenting financial information related to grant distributions; however, your personal information will not be shared beyond what is required for IRS compliance.

### Privacy Protection

Your personal and financial information will only be shared for grant-related purposes or as legally required. We will not share, sell, or use your information outside these purposes. All information is managed with strict confidentiality and stored securely.

### Your Rights

- Right to Withdraw Consent: You may withdraw your consent at any time by contacting Smile Fund USA. Please note that withdrawing consent may affect the ability to process your grant application.
- Right to Access and Amend Information: You have the right to review or amend the information we have on file.

### Contact Information for Questions or Concerns

If you have questions about this consent form or your rights, please contact:

Smile Fund USA

Address: 1700 Aviara Pkwy, #130141, Carlsbad, CA 92013

Email: smilefundusa@gmail.com

### Acknowledgment and Consent

By signing below, you acknowledge that you have read and understood this consent form. You authorize Smile Fund USA, MedAid Financial, LLC, and your selected dental provider to share information as outlined above to support your grant application process.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

