



AUTHORIZATION TO RELEASE DENTAL INFORMATION

2128 High House Road , Suite 200, Cary, NC 27519

Print Name: _____ Date of Birth: ____/____/____ is authorizing the release of protected health information about the above named patient in the following manner and/or to selected persons.

Check each person/entity approved to receive information. Check type of information that can be given to person/entity on the left in the same section.
[] Voice Mail [] Results of lab tests/ x-rays
[] Other: _____
[] Other person(s) (provide name and phone number) [] Financial
_____ [] Medical
[] Email communication-Provide email address* [] Financial
_____ [] Medical
[] Breach notification
[] Appointment reminders
*For email communication to occur, please accept the disclosure below.
[] Text communication- Provide number * [] Appointment reminder
_____ [] Other: _____
[] For email and/or text communication I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. I still elect to receive emails and/or text communication as selected.
[] Photo of patient received by patient and /or legal guardian [] May be posted in office
[] Photo taken by staff (Example: pre/post procedures) [] May be posted on website
[] Other: _____ [] Other: _____
Patients Rights:
• I have the right to revoke this authorization at any time.
• I may inspect or copy the protected health information to be disclosed as described in this document.
• Revocation is not effective in cases where the information has already been disclosed but will effective going forward.
• Information used or disclosed as a result of this authorization may be subject to disclosure by the recipient and may no longer be protected by federal or state law.
• I have the right to refuse to sign this authorization and that my treatment will not conditioned on signing.

Emergency Contact Person: _____

Signature of Patient or Personal Representative

_____/_____/_____
Date

*Description of Personal Representative's Authority (attach necessary documents)