

Dental Information Release Form

Patient Name: _____

Date: _____

The Guarantor of the Dental Account will be: _____

The relationship between Guarantor and Patient is: _____

Alison Jones, D.D.S., P.A. is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in the Privacy Practices Notice (attached) while it is in effect. This Notice takes effect 09/23/2013 and will remain in effect until we replace it. [Please Read the Notice of Privacy Practices for additional information]

I, _____, authorize the release of information including Diagnosis, Records, Examination rendered to me, Claims information, and Accounting information to be released to:

- The Guarantor, _____

Name
Relationship to Patient
- _____

Name
Relationship to Patient
- _____

Name
Relationship to Patient

Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Messages

Please call: my home/cell my work other: _____

If unable to reach me:

- Leave a detailed message on voicemail/answering machine.
- Leave message asking me to return call.
- _____

Signed: _____

Date: _____