

HIPAA – AUTHORIZATION FORM FOR USE OR DISCLOSURE OF PATIENT INFORMATION

Patient Name: _____ Patient's Date of Birth: _____

I hereby authorize the use and disclosure of my patient information as described below. I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA Privacy regulations.

Specific description of the patient information to be used or disclosed - Protected Health Information, including but not limited to:

Treatment	Treatment Plan	Diagnosis	Conditions
Appointment Details	Radiographs	Diagnostic Models	Prognosis
Insurance Coverage	Financial Information	Specialist Information	Referrals

Other: _____

Purpose(s) of this use or disclosure: _____

The following person(s) may receive this patient information as my representative: _____

Relationship of the representative to the patient: _____

Contact information for representative: Phone _____

Address _____ City _____ State _____ Zip _____

I understand that I may revoke this authorization at any time by following the directions in the Notice of Privacy Practices. I understand that my revocation must be in writing. If I revoke this authorization, my revocation will not affect any actions taken by the dental practice before receiving my written revocation.

I understand that I may refuse to sign this authorization, and that my refusal to sign in no way affects my treatment, payment, enrollment in a health plan, or eligibility for benefits.

This authorization does not expire _____ **OR** Expires on the following date _____

I authorize The Tooth Shop on 46, LLC. to make this use or disclosure of my patient information.

**I have general authority to perform all acts on my own behalf and I am responsible for my own decisions.
No other person or persons holds a Power of Attorney on my behalf.**

Patient: _____ **Signature:** _____ **Date:** _____

Privacy Officer: _____ **Signature:** _____ **Date:** _____

Dentist (owner): _____ **Signature:** _____ **Date:** _____