



PATIENT AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

The Health Insurance Privacy and Portability Accountability Act (HIPAA) gives you the right to request a restriction on uses and disclosures of your protected health information, to require confidential communications, or a communication of your health information be made by alternative means, such as sending correspondence to your office instead of your home. (These requests must be made in writing and sent to our office.*)

Patient's Name: _____ Date of Birth: _____

I give permission to Gentle Dental Family Dentistry to share my protected health information with the following:

Name: _____ Relationship to patient: _____

Name: _____ Relationship to patient: _____

Name: _____ Relationship to patient: _____

I acknowledge that I have read and understand the Patient Record of Disclosures. I give my permission for the above person(s) to assist me with my healthcare, including, but not limited to, treatment information, treatment plans, billing, payments, prescription drug information, and other information considered confidential. I understand that once information about me leaves this office according to the terms of this authorization, Gentle Dental Family Dentistry has no control over how it will be used by the recipient. I am aware that at that point, my information may no longer be protected by HIPAA. If the person or entity receiving this information is not a health care provider or covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations. I understand that I have the right to a copy of this signed authorization which will be given to me upon my request. Gentle Dental Family Dentistry may share my health information with the above until I revoke the authorization in writing.*

Patient/Guardian's Signature: _____ Date ___/___/_____

If signed by a parent/guardian, relationship to patient: _____

*Requests and revocations of this authorization may be sent to Nancy, Gentle Dental Family Dentistry's Office Manager, at 3276 West Rd, Trenton, MI 48183.