

AVELLA FAMILY AND IMPLANT DENTISTRY

GATLIN G. GLOVER, DMD
MARK A. WILLIS II, DMD

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient's Name: _____ D.O.B: ___/___/___

- **Authorization for release of Protected Health Information to family members, significant others, and/or friends-**

I authorize the release of any and all health information including diagnosis, dental records, digital x-rays rendered and the release of financial and/or insurance claims information.*

This information may be released to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

() Information may only be released to me.

**This authorization for release of information will remain in effect until terminated in writing.*

- **Authorization for release of Protected Health Information to Dental /Medical Professionals for treatment, payment and healthcare Operations-**

I authorize the release of my Protected health Information as necessary for treatment, payment and healthcare operations by electronic transmission, including e-mail, facsimile and by U.S. Mail. It is the policy of Avella Family and Cosmetic Dentistry to protect the electronic transmission of PHI as well as to fulfill our duty to protect the confidentiality and integrity of our patient's PHI as required by law, professional ethics and accreditation requirements. The information released will be limited to the minimum necessary to meet requestor's needs.

- **Acknowledgement of receipt of Notice of Privacy Practices-**

I have read and/or been given a copy of **Avella Family and Implant Dentistry** notice of Privacy Practice, which describe how my health information is used and shared. I understand that **Avella Family and Implant Dentistry** has the right to change this Notice at any time. I understand that I may obtain a current copy by asking **Avella Family and implant Dentistry** . My signature below acknowledges that I have read and/or been provided with a copy of the Notice of Privacy Practices.

Patient/Parent/Guardian

Signature: _____ Date: ___/___/___