

Patient Authorization to Release Information



The patient authorizes Tebo Dental Group to release the patient's protected health information as follows:

Patient name: _____ Date of birth: _____

I am authorizing the release of my protected health information for the following purpose: _____

Special circumstances (if none, so state): _____

Health information to be released (*please check all that apply*):

- Dental records (excluding x-rays, unless "X-ray duplicates" also checked below)
- X-ray duplicates
- Billing records
- School Form 3300
- Other: _____

Health information to be withheld (if any): _____

Release health information to: _____

Delivery of health information (check only one):

- Hold for pick up by: _____
- Fax to (fax no.): _____
- Mail to (address): _____
- Email to (address): _____

This Authorization will expire (if no expiration given, this Authorization will expire one (1) year from the date of signing): _____

I understand that I have the following rights: I can revoke this Authorization at any time by giving my oral or written revocation to Tebo Dental Group. My revocation will not be effective for any disclosures already made or any actions already taken in reliance on this Authorization. Tebo Dental Group may not condition treatment, enrollment in any health plan or eligibility for any benefits on whether or not I sign this Authorization. I am authorizing disclosure of information protected under federal law. This information, once disclosed, may be subject to re-disclosure by the recipient and may no longer be protected by federal law. I have received a copy of this Authorization.

X _____ Date signed: _____
Signature of patient or personal representative

Signed by: Patient or: Personal Representative. If signed by the patient's personal representative, basis of representative's authority: _____

Representative's name: _____ Phone: _____

Representative's address: _____

For office use only: _____ Date requested: _____

Action taken: _____

Completed by: _____ Position: _____

Staff member's initials: _____ Date completed: _____

TDG Office: _____