

Personal Health Information Release Form
(HIPAA Release Form)

Name: _____ Date of Birth: ___/___/___

Legal Responsibility

- If you are 18 years or older, you are legally responsible for yourself, check this box.
- If you are an emancipated child or teenager and your parents no longer have custody over you, check this box.
- If you are a parent or legal guardian of the patient, check this box. If the parents are divorced, please list the name of the parent or guardian who has primary custody of the patient.
Parent/ Guardian _____

Release of Information

I authorize the release of any and all information, including diagnosis, financial and dental records, and claims information. This information may be released to:

Spouse _____

Child(ren) _____

Other _____

The 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 my work my cell number: _____

If unable to reach me:

please leave a detailed message

please leave a message asking me to return your call

I understand that this office will try to accommodate my wishes about my contact information, but may have to contact me at the other numbers if unable to reach me at my requested number/ location.

Appointment Reminder Cards

It is office policy to send courtesy reminder post cards before regularly scheduled cleaning appointments or for operative appointments when the office will be closed for an extended period of time. If you **do not** wish to receive a reminder post card, please check the box.

Signed: _____ Date: ___/___/___