Compound Authorization for Release of Information

Name of Patient _____ **Date of Birth** _____

Hutchinson Family Dentistry, LLC is authorized to release protected health information about the above named patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

Entity to Receive Information. Check each person/entity that you approve to receive information.	Description of information to be released. Check each that can be given to person/entity on the left in the same section.
__ Voice Mail	__ Results of lab tests/x-rays __ Appointment information __ Financial
__ Give information to employer __ Give information to school	__ Appointment absentee information __Appointment information
__ Spouse	__ Family billing information __ Financial __ Medical as follows: __Appointment information
__ Parent (provide name) _____	__ Family billing information __ Financial __Medical as follows: __ Appointment information
__ Other (provide name) _____ _____	__ Financial __ Medical as follows: __ Appointment information

Rights of Patients

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to Hutchinson Family Dentistry, LLC. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

_____ Date _____

Signature of Patient or Personal Representative

Description of Personal Representative's Authority (attach necessary documentation)

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