

Authorization to Release Protected Health Information

I authorize the use or disclosure of the protected health information ("PHI") as described below. By authorizing the use or disclosure of the PHI described below, I authorize the custodian of the PHI:

- (1) To open the PHI for review or inspection by the office identified below, and
- (2) To furnish the office identified below with a copy of the PHI

Patient Name: _____ DOB: _____

Description of PHI requested: entire contents of dental record, including diagnosis, treatment details, radiographs, and financial information.

I authorize the office of **Jean-Paul Boudreau DMD** to release and/or disclose the PHI described above to the following dental office:

Office name: _____ **Office Phone:** _____

Office email (preferred) : _____ **Office Fax:** _____

Office address (if mailing records) : _____

The purpose of this request to release and/or disclose the PHI described above is for:

- Transfer of care locally
- Moving out of area – continuing care
- Personal reasons
- Other: _____

I understand that I have the right to revoke this Authorization, in writing, at any time by notifying the requesting person. Such revocation will not affect actions taken by the requesting person prior to the date he or she received the written revocation. I also understand information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by this rule.

I understand that my health care provider cannot condition treatment on whether I sign this Authorization. However, if I refuse to sign this Authorization, I understand that I may be financially responsible for any dental work provided by this office.

This Authorization will expire at such time that: I become financially responsible for all dental work performed by this office; or one year from the date of signing this Authorization, whichever is sooner.

Signature of Patient or Parent/Guardian if Minor

Date

Name of Parent/Guardian (if applicable)