BenchMark Dental

http://www.BenchmarkDentalCare.com

Joshua Fowler, DMD
Brittany Corley, DMD

1555 Main St.
Suite A-2
Windsor, CO 80550

Tel: 970.686.7858
Fax: 866.514.8749

HIPPA Authorization for Release of Protected Health Information

Patient Name: _____

I AUTHORIZE THE PROFESSIONAL OFFICE OF MY DENTIST NAMED ABOVE TO RELEASE INDIVIDUALLY IDENTIFIABLE DENTAL HEALTH INFORMATION IDENTIFYING ME AS DESCRIBED BELOW. I UNDERSTAND THAT INFORMATION DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND MAY NO LONGER BE PROTECTED BY HIPPA PRIVACY REGULATIONS.

Information to be used or disclosed:

Radiographs___ Treatment Plan___ Finances___ Medical Information___

To whom may the information be released:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Messages:

I authorize BenchMark Dental to leave voicemail messages: Yes___ No___

Internet Communications:

I grant my permission for BenchMark Dental to upload and store confidential patient information such as account, appointment and clinical information to the internet. I understand that the BenchMark Dental is not liable for any harm related to the theft of my personal information.

Patient Signature: _____ Date: _____

*I understand I may revoke or change this authorization at any time by notifying BenchMark Dental in writing