



AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO FAMILY MEMBERS

Name of Patient: _____ Date of Birth: _____

I hereby authorize dental providers and personnel of Jeremy Archibald DDS, Family and Cosmetic Dentistry, to discuss my protected health information with:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This authorization shall be in force and effective from _____ (date), and indefinitely, until I shall change or terminate authorization to share protected health information with the aforementioned individuals.

I understand that/ have the right to revoke this authorization, in writing, at any time. I understand that such revocation is not effective to the extent that Jeremy Archibald DDS, Family & Cosmetic Dentistry has relied on the use or disclosure of the protected health information. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. Jeremy Archibald DDS, Family & Cosmetic Dentistry will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure. I understand that I have the right to inspect or copy the protected health information to be used or disclosed as permitted under applicable state and federal law. I understand that I also have the right to refuse to sign this authorization. This authorization will remain in force unless authorization is revoked or changed in writing. To the extent permitted by the law, the office, its employees, officers, and doctors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient/Authorized legal Representative: _____ Date: _____

Printed name of Patient/Authorized Legal Representative: _____

Description of Authorized Legal Representative: _____