



HIPAA AUTHORIZATION FOR RELEASE OF INFORMATION TO FAMILY AND/OR FRIENDS

Patient First and Last Name: _____ Date of Birth: _____

CHERRY CREEK ORAL SURGERY IS AUTHORIZED TO RELEASE PROTECTED HEALTH INFORMATION ABOUT THE ABOVE NAMED PATIENT TO THE FOLLOWING LISTED ENTITIES:

Entity / Individuals Name: _____ Relationship: _____

Entity / Individuals Name: _____ Relationship: _____

Entity / Individuals Name: _____ Relationship: _____

INITIAL EACH SITUATION GIVING CHERRY CREEK ORAL SURGERY YOUR AUTHORIZATION TO SUPPLY INFORMATION TO YOUR ENTITY:

- _____ Text message and e-mail for appointment reminders
- _____ Text message
- _____ E mail
- _____ Leave information on voice mail
- _____ Give information to grandparent
- _____ Release financial information
- _____ Give information to parent (patient is over 18 years of age)
- _____ Give information to spouse
- _____ Medical information as follows: _____
- _____ Other information as described: _____

RIGHTS OF THE PATIENT: READ AND SIGN BELOW

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 KOERICH ORTHODONTICS. 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.

THIS AUTHORIZATION SHALL BE IN FORCE AND EFFECT UNTIL REVOKED BY THE PATIENT OR REPRESENTATIVE SIGNING THE AUTHORIZATION.

Signature of Patient/Responsible Party/Legal Guardian/Personal Representative Date

If not parent/ legal guardian: Description of personal representative's authority (attach necessary documentation)