



Release of Information

I authorize the release of information including, examination results, radiographs, biopsy reports, insurance claims information and account balances. This information may be released to:

() Spouse _____

() Child(ren) _____

() Other _____

() Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Notice of Privacy Practices

I have received a copy of this office's Notice of Privacy Practices. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Please Print Your Name _____
Last First MI

Your Signature _____

Today's Date ____/____/____

Do Not Write Below – For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited us from obtaining the acknowledgment.
- Emergency situation prevented us from obtaining the acknowledgment.