

Authorization to Release and Discuss Dental Information

The HIPPA privacy law requires that we are only authorized to communicate with patients themselves, guardians, insurance providers, medical care physicians and dental specialist, unless we have authorization in writing by the patient to communicate with others on their behalf. Please provide all family members or friends you want us to be able to speak with. **Spouses are not automatically included; their names must be explicitly stated below.** You may opt out by checking the "Do Not Release Information" box below.

Authorization to speak with family/friend (including spouse)

I give the following named person(s) authorization to take messages or speak with the office of Dr. Jeneen Martin DDS, PC, on my behalf regarding **(please check all items authorized)**.

Name of authorized person: _____ Relationship _____

Phone number(s) _____

____ Appointments ____ Financial ____ Dental Treatment ____ Insurance ____ Other (explain) _____

Name of authorized person: _____ Relationship _____

Phone number(s) _____

____ Appointments ____ Financial ____ Dental Treatment ____ Insurance ____ Other (explain) _____

Name of authorized person: _____ Relationship _____

Phone number(s) _____

____ Appointments ____ Financial ____ Dental Treatment ____ Insurance ____ Other (explain) _____

Name of authorized person: _____ Relationship _____

Phone number(s) _____

____ Appointments ____ Financial ____ Dental Treatment ____ Insurance ____ Other (explain) _____

____ **DO NOT RELEASE INFORMATION TO ANYONE**

I understand that my express consent is required to release any dental care information.

With my signature below, I acknowledge and understand that this information will be kept in my dental record and the above parameters will remain in effect until revoked by me in writing. It is my responsibility to notify my dental care provider(s) should I wish to change one or more contacts listed above.

Patient's Name: _____
(Print Name)

Signature of patient or patient's authorized representative

Date