

University Commons Dental

3719 University Dr, Suite A, Durham, NC 27707 | 919-490-3015

HIPAA Privacy Release Form

If patients desire for family member or any other person to have access to medical or dental records, including treatment rendered, the patient must fill out and sign the release form and give it to the office administrators at University Commons Dental.

l,		, DOB:	, direct University Commons Dental to release my protect fied persons:
health	information in the following n	nanner and to the identif	fied persons:
NAME		RELATIONSHIP	PHONE
	information to be disclosed uneither A or B)	ipon the request of the p	person named above –
0	for all conditions) OR	d, as above, BUT do not c	out not limited to diagnose, lab tests, prognosis, treatment, and billindisclose the following (check as appropriate):
Form o	of Disclosure (unless another fo Verbal Phone Email:		d upon between my provider and designee): OHARD Copy OText OFax:
This au		nd future periods, OR	
*In ord	ler for email/fax communication	on to occur, please accep	pt the disclosure below:
	For email/fax communication accesses inappropriately. I s		nail/fax is not sent in an encrypted manner there is a risk it could be I/fax communication.
• • • Th	Revocation is not effective i Information used or disclose longer be protected by fede I have the right to refuse to e information is released at the	otected health information cases where the informed as a result of this authoral or state law. sign this authorization are patient's request and t	ion to be disclosed and described in this document. nation has already been disclosed but will be effective going forward norization may be subject to redisclosure by the recipient and may n nd that my treatment will not be conditioned on signing. this authorization will remain in effect until revoked by the patient.
Sig	nature of Patient or Personal	Renresentative	Date

*Description of Personal Representative's Authority (attach necessary documentation)