Compound Authorization for Release of Information

Name of Patient:_____________________________________ Date of Birth:_____________________

Culp Dental, PA is authorized to release protected health information about the above named patient to the entities named below:

Entity to Receive Information. Check each that is subject to this authorization:

___ Voicemail/ Answering Machine
- ___ Appointment times
- ___ Absentee information
- ___ Billing information

___ Information to employer or school
- ___ Appointment times
- ___ Absentee information

___ Spouse/Parent
- ___ Appointment times
- ___ Absentee information
- ___ Billing information

Other persons authorized to receive information:

Name:___________________ Clinical:___ Financial:___
Name:___________________ Clinical:___ Financial:___

Rights of the Patient:

-I understand that I have the right to revoke this authorization at any time and 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 **Culp Dental, PA**. 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 effect until revoked by the patient or representative signing the authorization:

____________________________________ __________________
Signature of Patient (or Personal Representative) Date

If necessary, attach description of personal representative's authority.

I have received a copy of the Notice of Privacy Practices for this office:

____________________________________ __________________
Signature of Patient (or Personal Representative) Date