

# AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

## Success Dental Group, PLC

9671 A Main Street

Fairfax, VA 22031

PLEASE PRINT CLEARLY

Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City, State ZIP \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Patient Authorization

I, \_\_\_\_\_, hereby authorize Success Dental Group, PLC to release, use and/or disclose my protected health information as directed below.

### Health Information

This Authorization pertains to the following types of protected health information about me:

- All dental records received or created by Success Dental Group, PLC
- Dental report(s) (please specify) \_\_\_\_\_
- Dental image(s) (please specify) \_\_\_\_\_
- All dental records relating to (specify injury or condition) \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

### Release Information

Please release my health information to:

Organization \_\_\_\_\_ Phone \_\_\_\_\_  
Contact \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City, State ZIP \_\_\_\_\_ Handling Notes \_\_\_\_\_

I understand that, per my voluntary request, this Authorization permits Success Dental Group, PLC to release, use or disclose my protected health information for purposes other than payment, treatment, or healthcare operations as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its corresponding regulations. I further understand that I may revoke this Authorization at any time by providing written notification to Success Dental Group, PLC. Revocation of this Authorization will be effective on the date notice is received and processed by Success Dental Group, PLC except to the extent that action has already been taken in reliance upon this Authorization.

### Authorization Expiration

This Authorization will expire one (1) year from the date that I sign it, unless I indicate an alternative expiration date below:

Enter Alternative Expiration Date: \_\_\_\_\_, 20\_\_\_\_

