

# REQUEST AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

## SECTION I: PATIENT INFORMATION

<b>Patient Name (Last, First, Middle Initial):</b> _____
<b>Date of Birth:</b> _____ <b>Social Security Number:</b> _____
<b>Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Telephone Number:</b> _____

## SECTION II: INFORMATION REQUESTED

By signing this Authorization, I acknowledge and agree that Anthony H. Spann, D.D.S. & Associates (Randall Park), Inc. (The "Practice") may use or disclose my **complete medical record** as indicated below.

## SECTION III: RECIPIENT

I authorize the Practice to disclose the protected health information, as indicated above, to:

<b>Name:</b> _____
<b>Organization/Entity:</b> _____
<b>Street Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Phone:</b> _____ <b>Fax:</b> _____

## SECTION IV: PURPOSE OF RELEASE

This protected health information is being used or disclosed for the following purpose: **Transfer to another provider.**

I understand that I may change my mind and revoke this Authorization in writing at any time by notifying Garfield Mall DentalWorks, 12630 Rockside Rd., Garfield Heights, Ohio 44125. The revocation will not apply to the extent that the Practice has already taken action where it relied on my permission.

I have the right to inspect or copy my Protected Health Information and request amendments where appropriate.

This Authorization shall expire sixty (60) days after the date below.

The Protected Health Information used or disclosed as a result of this Authorization may be redisclosed by the recipient and no longer protected under federal privacy regulations.

I understand that I may refuse to sign this Authorization, and if I do refuse, my ability to obtain treatment will not be effected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If this Authorization has been signed by a personal representative on behalf of an individual (for example, the parent or guardian of a minor), his/her authority to act on behalf of the individual must be set forth here: \_\_\_\_\_

\_\_\_\_\_