

Release of Information Authorization

Dr. Faron and the employees at Duneland Dental understand that from time to time you may wish to have a family member, significant other or friend help with scheduling, billing, requesting information, etc on your behalf. We are unable to discuss or release information with anyone other than the patient or their legal guardian due to HIPAA laws unless we have written permission from the patient. If you do wish to allow us to share certain information with someone(s), please fill out the form below.

I, _____, wish to release information to the following:
individual(s)

Name (Family/Friend)	Relationship	Phone number	Account Information Restrictions

Once your information is released it may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations.

You may revoke this authorization at any time, in writing; however, it will not affect any disclosures made prior to Duneland Dental's receipt of a revocation request.

Signature: _____ Date: _____
Patient or Parent/Guardian if Minor