

Idaho Falls Smiles PLLC

Justin G. Frandsen DDS - Brandon S. Griffin DMD
3375 Merlin Drive Idaho Falls, Id 83404 (208) 524-1700
Fax: (208) 524-1702 E-Mail: office@idahofallssmiles.com

Authorization to Release Health Information

The HIPAA privacy law requires that we (Idaho Falls Smiles) are only authorized to communicate with patients themselves, guardians, insurance providers, primary care physicians, unless we have authorization in writing by the patient to communicate with others on their behalf. Please provide all family members or those you want us to be able to speak with. **Spouses are not automatically included; their name must be explicitly stated below.** You may opt out by checking the "Do Not Release Information" box below.

I, _____, hereby authorize the facility to disclose dental health information, appointments, treatment, and insurance/financial information to the following persons or organizations:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

DO NOT RELEASE INFORMATION TO ANYONE

Signature: _____
(patient or guardian if minor)

Date: _____

Description of the information that may be used or disclosed: This authorization specifically includes the release of all clinical and financial information related to my health.

Revocation: I understand that I may revoke this authorization at any time by sending a written notice to the facility. However, the revocation will not have any effect on any uses disclosures the Facility may have made before the revocation was received.

Expiration: There is no expiration however, I understand that I have the authority to revoke this authorization at any time.