

## AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

### Patient Name

With my consent, Today's Dental, P.A. may use and disclose protected health information (PHI) about me to carry our treatment, payment and healthcare operations (TPO). Please refer to their Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing these consents. Today's Dental, P.A. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Today's Dental, P.A., Attn: Privacy Officer, at 209 W. Main St., Azle, TX 76020.

With my consent, Today's Dental, P.A. may call my home or other designated location, and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my clinical care, including test results among others.

With my consent, Today's Dental, P.A. may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to request that Today's Dental, P.A. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my request restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Today's Dental, P.A. use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosure in reliance up on my prior consent.

If I do not sign this consent, Today's Dental, P.A. may decline to provide treatment to me.

By my Signature below, I hereby authorize the use or disclosure of my PHI as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

<hr/>	<hr/>	<hr/>
Name	Relationship to Patient	Phone Number
<hr/>	<hr/>	<hr/>
Name	Relationship to Patient	Phone Number
<hr/>	<hr/>	<hr/>
Signature of Patient or Legal Representative, Relationship to Patient	Date	