DR. ANDREW BROWN

Member American Association of Orthodontists

CONSENT FOR RELEASE OF MEDICAL RECORDS AND USE

AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____ _____, hereby authorize Dr. Andrew B. Brown and/or his Privacy Officers, (hereafter collectively referred to as "Practice") to use and disclose the entire medical record concerning _____ in accordance with the attached **Notice of Privacy Practices (NOPP).** I have reviewed the NOPP, been given an opportunity to ask questions about it, understand it and do hereby agree to its terms. A copy of this signed, dated Consent shall be as effective as the original. I release, hold harmless and agree to indemnify Practice, its employees and agent for any and all liability (including but not limited to negligence) arising out of or occurring under this Consent. I specifically authorize Practice to use and disclose verbally, by mail, fax or unencrypted e-mail, the following types of super-confidential information as stated in the NOPP (initial where appropriate)

___ HIV Records (including HIV test results) and sexually transmissible diseases

___ Alcohol and substance abuse diagnosis and treatment records

___ Psychotherapy Records

COMPLETE AS APPICABLE:

1. Please send a copy of my records (including information from other health-care providers that it may contain) to _____at _____. I understand that my records may be subject to re-disclosure by recipient(s) and unprotected by federal or state law.
2. Please allow _____ to pick up a copy of my records (including information from other healthcare providers that it may contain). The copies will be ready on _____.
3. I acknowledge I will be charged copying costs in the amount of _____.

By Patient:_____ Date:_____

(Print name and sign)

Or

By Patient's Representative_____ Date:_____

(Print name, sign, and describe authority)

Andrew B. Brown, D.D.S., M.S.
ORTHODONTICS
2217 Kingsley Avenue, Orange Park, Florida 32073 ■ 1845 East West Parkway, Suite 2, Fleming Island, Florida 32003
(904) 272-1165 ■ Fax: (904) 276-0798 ■ ddsbrown@bellsouth.net