

NP: Authorization to Release Information

Page 1

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Winston-Salem, NC 27103



1590 Westbrook Plaza Drive | Suite 202

Winston-Salem, NC 27103

Authorization to Release Information

Patient's First Name *

Patient's Last Name *

Date of Birth *

Inspira Dental Care is authorized to release protected health information about the above named patient to identified persons.

Persons authorized to receive protected health information for the above named patient:

Name

Relationship

Name

Relationship

Name

Relationship

Patient Rights:

- I have the right to revoke this authorization at any time.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to to redisclosure by the recipient and may no longer be protected by federal or state law.
- I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

This authorization will remain in effect until revoked by the patient.

* Date *