

**Jackson & Joyce Family Dentistry**  
**Medical Information Release Form**  
**(HIPAA)**

**Printed Name:** \_\_\_\_\_ **Date of Birth** \_\_/\_\_/\_\_\_\_

\*\*\*\*\***RELEASE OF INFORMATION:**\*\*\*\*\*

**PLEASE INITIAL ONE OF THE THREE BOXES BELOW:**

1. \_\_\_ I authorize the release of information including the diagnosis, records, examination and treatment rendered to me **for insurance reimbursement and claim purposes**. I understand that the information used or disclosed in accordance with the authorization may be subject to redisclosure by the named recipient, and may no longer be protected by HIPAA's privacy rules after the authorized disclosure. This information may also be released to:

( ) Spouse: \_\_\_\_\_

( ) Child(ren): \_\_\_\_\_

( ) Other: \_\_\_\_\_

2. \_\_\_ My information is not be to released to anyone (other than my insurance company, if applicable).

3. \_\_\_ I do not want any information released to anyone – including my insurance company. I realize this means I will be expected to pay in full on the day of service and I will be responsible for submitting any information to my insurance company for reimbursement.

I understand that I may revoke this authorization at any time by providing written notification to Jackson & Joyce Family Dentistry. I understand that the revocation will be in effect on the date it is received and processed by Jackson and Joyce Family Dentistry. I also understand that the revocation does not apply to any release of information prior to the effective date of revocation. I also understand that I do not have to sign this authorization in order to receive treatment.

\*\*\*\*\***MESSAGES**\*\*\*\*\*

Please call ( ) my home ( ) my work ( ) my cell Preferred Phone Number: \_\_\_\_\_

If unable to reach me you may:

( ) leave a detailed message

( ) leave a message asking me to return your call only

( ) other: \_\_\_\_\_

The best time to reach me is \_\_\_\_\_ between \_\_\_\_\_  
(day) (time)

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_