Blue Ridge Family Dental

Authorization to Release Information to Family Members

Many of our patients allow family members such as their spouse, significant other, parents, or children to call and request treatment plans, diagnostic results, and/or financial information. Under the requirements for HIPPA, we are not allowed to give this information to anyone without patient consent.

If you wish to have your dental health information, any treatment plans, and/or financial information released to any family members, you must sign this form.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I authorize Blue Ridge Family Dental to release my records and any information to the following individual(s):

1. _____ Relation to Patient: _____
2. _____ Relation to Patient: _____
3. _____ Relation to Patient: _____

_____ _____
Patient Name (PLEASE PRINT) Date

_____
Patient Signature