



AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION
(RECORDS RELEASE)

I give my consent to Children's Dental of Winona, LLC to release any pertinent records of the patient listed below:

Patient Name	Patient Birthdate
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Please release records as indicated below:

- To From Children's Dental of Winona
- To From _____

PURPOSES OF DISCLOSURE: (check all that apply)

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Further Medical/Dental Care | <input type="checkbox"/> Insurance | <input type="checkbox"/> School | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Personal Use | <input type="checkbox"/> Attorney/Litigation | <input type="checkbox"/> At the patient's request | |
| <input type="checkbox"/> Other (please specify) _____ | | | |

INFORMATION TO BE DISCLOSED (check all that apply)

- Entire Record
- Only Information related to: (specify) _____
- Only for the time frame: _____ to _____

I hereby authorize the disclosure of information from my health/dental record, or the record of the dependent child as described above. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions. I understand that my treatment, payment, enrollment, and eligibility for care are not conditioned upon my providing this authorization except in such cases as may be necessary for claim review and appeal purposes. I understand that I may revoke this authorization in writing at any time by contacting Children's Dental of Winona at the address listed below, except to the extent that action has already been taken in reliance on this authorization. If this authorization has not been revoke in writing, it will remain in effect. I understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42CFR Part 2, may be subject to rediscloure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule (45XCFR Part 164) and the Privacy Act of 1974 (5USC 552a)

Legal Guardian (please print)	Relationship to patient
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Guardian Signature	Date
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