

Dental Designs by Holst & Associates
401 East Robinson
Knoxville, IA 50138
(641) 828-8778



CONSENT AND AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

PATIENT AUTHORIZATION

I, _____, hereby authorize the release, use or disclosure of my health information as follows:

This authorization pertains to the following type of medical information about me: [Dental and Medical]

I hereby authorize Dental Designs to release the above described information to the following individual and/or organization:

I understand that, per my request, this authorization will permit the above-named parties to use or disclose the identified health information for purposes beyond treatment, payment, or healthcare operations as provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I also understand that I may revoke this information at any time by providing written notification to:
Dr. Lisa Holst | 401 East Robinson | Knoxville, IA 50138

The revocation will be effective on the date it has been received and processed by the above-named recipient. I understand that the revocation does not apply to actions taken in reliance upon the authorization prior to the effective date of revocation. I also understand that I do not have to sign this authorization in order to receive treatment, payment, or to enroll or be eligible for benefits.

Unless I request in writing otherwise, I understand that this authorization will expire on [until revoked]. If I do not specify an expiration date or event, this authorization will expire ninety (90) days from the date on which I signed the authorization.

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the named recipient above, and may no longer be protected by HIPAA's privacy rules after the authorized disclosure.

Patient, Parent or Guardian Signature _____ Relationship: _____

Patient Name (Please Print) _____ Date _____

FOR OFFICE USE ONLY

Received by: _____

Date: ____ / ____ / ____