ELLIS K. LIST, D.D.S., P.A.
COMPREHENSIVE & ESTHETIC DENTISTRY

1014 LAMOND AVE, DURHAM, NC 27701-2021 • 919.682.5327 • DRLIST@ELLISLISTCOSMETICDENTIST.COM

Authorization for Release of Information

Name of Patient:_____________________________________**Date of Birth:**__________

The office of Ellis K. List, DDS PA is authorized to release protected health information about the above named patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

Entity to Receive Information and Description of information to be released:

__ **Voice Mail**
- __ Lab/xray results
- __ Financials/ Insurance /Billing
- __ Medical _____________________
- __ Other_______________________

__ **Spouse**
- __ Lab/xray results
- __ Financials/ Insurance/ Billing
- __ Medical ______________________
- __ Other ________________________

__ **Parent** (**provide name**)_______________
- __ Lab/xray results
- __ Financials/ Insurance/ Billing

__ Medical _____________________

__**Other** (**provide name**) __________________
- __ Lab/xray results
- __ Financials/ Insurance/ Billing

__ Medical ______________________

Patient Information

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy, for a fee, the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

____Date __________
Signature of Patient or Personal Representative (Description of Authority)
attach necessary documentation
Revised March 2010

FELLOW, ACADEMY OF GENERAL DENTISTRY, MEMBER OF THE AMERICAN DENTAL ASSOCIATION,
AMERICAN ACADEMY OF COSMETIC DENTISTRY, & THE L.D. PANKEY ALUMNI ASSOCIATION

www.ELLISLISTCOSMETICDENTIST.com