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

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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 in the following manner and to identified persons:

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

__ Voice Mail
- __ Lab/xray results
- __ Financials/ Insurance/ Billing
- __ Appointment_____________________
- __ Other__________________________

__ Parent/Other (name)__________________
- __ Lab/xray results
- __ Financials/ Insurance/ Billing
- __ Appointment______________

__ Spouse (name)_____________________________
- __ Lab/xray results
- __ Financials/ Insurance/ Billing
- __ Appointment_________________________
- __ Other_________________________________

__ Email (address)_____________________________
- __ Lab/xray results
- __ Financials/ Insurance/ Billing/Breach
- __ Appointment

__ Postcard (appointment date only)

I understand that if email is not sent in an encrypted manner, there is a risk it could be accessed improperly. I still elect to receive email communication

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