

# Freedom Mini Dental Implants

## HIPPA: Family/Patient Information Release Form

In compliance with the new HIPPA law, any person that is age 18 years or older are required to give written permission to their dental care providers to release information regarding: (please **initial** the ones you are approving)

\_\_\_\_\_ Any information pertaining to my dental treatment and diagnosis (verbal or written).

\_\_\_\_\_ Permission to pick up my dentures if I'm unable.

\_\_\_\_\_ Copies of my complete dental files (written only).

\_\_\_\_\_ All charges and all my balance amounts (written or verbal).

\_\_\_\_\_ Any information regarding my insurance account with the Freedom Mini Dental Implant office including all charges.

By signing this form, I am giving permission to release only the specific information "initialed" above regarding my account and/or my medical records with Freedom Mini Dental Implants to the following person/s listed below.

I also understand that I may rescind this permission at any time with written notice to Freedom Mini Implants.

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Print Patient Name Patient Signature Date