

Thomas J. English, D.D.S.
1232 N. Loop 336 W.
Conroe, TX 77301
936-756-3611

HIPAA AUTHORIZATION FORM

I, _____, give permission to Thomas J. English, D.D.S. to:

- Use the following protected health information, and/or
- Disclose the following protected health information to:

Information to be disclosed (check all that apply):

- Dental Records
- Treatment Records
- Diagnostic Records
- Financial Records
- Other:

This protected health information is being used or disclosed for the following purposes:

This authorization expires: _____

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.

You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits.

You may inspect or copy the protected health information to be used or disclosed under this authorization.

Finally, you may revoke this authorization in writing at any time by sending written notification to, Thomas J. English, D.D.S., at 1232 N Loop 336 W, Conroe, TX 77301. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Signature of Participant or Personal Representative

Date

Printed Name of Participant or Personal Representative

Description of Personal Representative's Authority