

Chris Hartung, DDS
1819 E. Innes Street
Salisbury, NC 28144

AUTHORIZATION FOR RELEASE OF IDENTIFYING HEALTH INFORMATION

I authorize the professional office of Dr. Chris Hartung to release protected health information identifying me including (if applicable, information regarding AIDS or HIV infection, substance abuse treatment and/or mental health service) under the following terms and conditions:

1. Detailed description of the information released.
2. To whom the information may be released (names or classes of recipients)
1. The purpose(s) for the release (if authorization is initiated by the individual, it is permissible to state "at the request of the individual" as the purpose of release, if desired by the individual.)
3. Expiration date or event relating to the individual or purpose for the release.

It is completely your decision whether or not to sign this authorization form. We can not refuse to treat you if you refuse to sign this authorization.

If you sign this authorization, you can revoke it later. The only exception to your right to revoke is if we have already acted in reliance upon the authorization. If you want to revoke your authorization, send us a written or electronic note telling us that your authorization is revoked. Send this note to this office contact person listed at the top of this form.

When your health information is disclosed as provided in this authorization, the recipient often has no legal duty to protect it's confidentiality. In many cases the recipient may re disclose the information as he or she wishes. Sometimes, state or federal law changes this possibility.

I have read and understand this form. I am signing it voluntarily. I authorize the disclosure of health information as described in this form.

I am giving the office of Dr. Chris Hartung permission to disclose information to the following by contacting me and leaving me messages through:

Home phone Cell phone Mail Email

I am also giving the office of Dr. Chris Hartung permission to speak to the following person or persons regarding any appointments, treatment or financial issues.

Signature

Relationship to patient

Date