WM. BLAINE RUDISILL, DMD, PA

Authorization for Release of Information – Compound Release

Authorized to release protected health information in the following manner and to identified persons.

Entity to Receive Information. Check each person/entity that you approve to receive information.	**Description of information to be released.** Check each that can be given to person/entity on the left in the same section.
Voice Mail _____	Results of lab tests/x-rays _____ Other_____
Other person (s) (provide name and phone number) _____	Financial _____ Medical _____
Email communication-Provide email address* _____ *For email communication to occur, please accept the disclosure below:	Financial Yes No Medical Yes No Appointment reminders Yes No Breach notification Yes No
Text communication – Provide number * _____ *For text communication to occur, accept the disclosure below:	Appointment reminder Yes No Other: _____
For **email and/or text communication** I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. I still elect to receive email and/or text communication as selected.	
Photo of patient received by patient or legal guardian Yes No Photo taken by staff (Example: pre/post procedure) Yes No Other	May be posted in office Yes No May be posted on website Yes No Other_____

Patient Rights:

- I have the right to revoke this authorization at any time.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- 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 have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

This authorization will remain in effect until revoked by the patient.

_____Date _____

Signature of Patient or Personal Representative