

Richard F. Brooks, D.D.S., & Ritu K. Chandak, D.D.S., P.A.
120 Preston Executive Dr., Suite 100
Cary, North Carolina 27513

Authorization to Release Health Information

Expires upon time of release

Patient information:

Name of Patient: _____ Date of Birth: _____

Address: _____

I authorize Dr. Richard F. Brooks and Dr. Ritu K. Chandak, 120 Preston Executive Dr., Suite 100, Cary, NC 27513, to release my or my child's health information.

Please forward/release my health information to:

THIS AUTHORIZATION SHALL BE IN EFFECT UNTIL THE INFORMATION HAS BEEN FORWARDED AS REQUESTED.

Patient information

I understand that my treatment will not be conditioned on signing this authorization and that I have the right to refuse to sign this authorization. I understand that information disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization by sending a written notification to the address below and that a revocation is not effective if the information has already been disclosed but will be effective going forward.

I understand that I have the right to inspect or copy the protected health information as described in this document. I can do this by written notification to the HIPPA privacy officer: Katharine Darrow.

_____ Date _____

Signature of patient's Personal representative (Parent of legal guardian

(description of Personal Representative's authority)(attach documentation if necessary)