

Country Roads Dental Care

A. Charles Lilly, DDS

Patient HIPPA Compliance Release Form

The Health Insurance Portability & Accountability Act of 1966 (HIPPA) is a federal Law that requires all medical/dental personal records and other individual identifiable health information that may be disclosed by us in any form, whether electronically, on paper or orally, be given written consent to do so by said patient.

Please complete and sign below giving consent to discuss your PHI (Personal Health Information) with the below designated people or entities:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

The Dentist and Staff @ Country Roads Dental Care (A. Charles Lilly, DDS) have my permission to release information on my behalf concerning my PHI (Personal Health Information).

SIGNATURE _____

PRINT NAME _____ DATE _____