

Compound Authorization Form

Name of Patient: _____ Date of Birth: ____/____/____

The purpose of this authorization is to inform the patient or others with pertinent patient information. The patient has requested that Wells Orthodontics is to release the following information about the above named patient to the entities named below:

____ Voice Mail and/or Answering Machine Phone number _____

____ Appointments ____ Instructions (Pre/Post Procedure/Operation)

____ Financial ____ Lab/test results ____ Medical

____ Email Email address _____

____ Appointments ____ Instructions (Pre/Post Procedure/Operation)

____ Lab/test results ____ Notice of Privacy Practices

____ Financial ____ Medical ____ Breach information

____ Text message Phone number _____

____ Appointments ____ Instructions (Pre/Post Procedure/Operation)

____ Financial ____ Lab/test results ____ Medical

____ Spouse Name _____

____ Appointments ____ Instructions (Pre/Post Procedure/Operation)

____ Financial ____ Lab/test results ____ Medical

____ Other Name _____

____ Appointments ____ Instructions (Pre/Post Procedure/Operation)

____ Financial ____ Lab/test results ____ Medical

Right of the Patient:

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to Wells Orthodontics. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that information used or disclosed as 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 refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

Date _____

Signature of Patient or Legal Representative

Description of Legal Representative Authority (provide supporting documentation)