

Modern Dentistry of Shrewsbury
307 Grafton Street Suite 203
Phone: 508-842-8838
Fax: 508-842-6356
office@shrewsburydentist.com

ACKNOWLEDGEMENT AND AUTHORIZATION FOR RELEASE OF IDENTIFYING HEALTH INFORMATION

"I HAVE READ AND BEEN OFFERED A COPY OF "NOTICE OF PRIVACY PRACTICES"

DATE: _____

PATIENT NAME: _____ **SIGNATURE:** _____

LEGAL GUARDIAN IF UNDER 18: _____

**Please list any other parties that you authorize to have access to your health information:
(This may include parents, step parents, grandparents, and spouse, children & care takers)**

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

I authorize Modern Dentistry of Shrewsbury to contact me about confirming upcoming appointments, treatments & billing VIA:

___ Cell phone ___ Home phone ___ Work phone ___ Text/Email ___ Any of the following

I authorize Modern Dentistry of Shrewsbury to contact me about my health VIA:

___ Cell phone ___ Home phone ___ Work phone ___ Text/Email ___ Any of the following

I authorize the professional office of my dentist named above to release health information identifying me [including if applicable, information about HIV infection or AIDS, information about substance abuse treatment, and information about mental health services]

Additionally, I authorize my dentist named above to release my identifying health records in unencrypted electronic format (e-mailing x-rays) when applicable and necessary.

SIGNATURE: _____