

**Authorization to use and disclose Health Information**  
**North Mesquite Dental Group**  
**5115 N. Galloway Ave Suite 301**  
**Mesquite TX 75150**  
**Phone: 972-686-6477**  
**Fax: 972-613-7504**

**Individual Patient**

I give my authorization to use or disclose my protected health information as described in the section below.

Your Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

**Legal Responsibility**

- If you are 18 years, you are legally responsible for yourself, Check this box.
- If you are emancipated child or teenager and your parents no longer have custody over you, Check here.
- If you are a child or teenager and your parents are divorced, Please check this box. Below please list the names of the parent or guardian who has custody over you.

**The use and/or disclosure**

I understand that under the HIPAA regulations, my health information will be used and disclose to any health care provider who is involved with my medical treatment or services, my health insurance plan, and any medical billing clearinghouse who is involved with your insurance claims fulfillment

Under these new regulations the **following people must be authorized** by you to have access to your health information: your spouse, other family members, and friends; nurse or home aid; legal guardian; or other person/organization who is not involved with your medical treatment, insurance plan, or payment.

**I hereby give my consent to North Mesquite Dental Group P.A. to release my Protected Health Information to the below listed.**

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship \_\_\_\_\_

What specific information to disclose: \_\_\_\_\_

Effective Dates \_\_\_\_\_

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship \_\_\_\_\_

What specific information to disclose: \_\_\_\_\_

Effective Dates \_\_\_\_\_

**This Authorization may be revoked at any time by delivering a signed Restriction Request Form to our business office at 5115 N. Galloway Ave Suite 301 Mesquite TX 75150**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_