



RAVENEL PERIODONTICS, PA
 Dr. Lisa Ravenel
 1130 E Butler Rd
 Greenville, SC 29607

Authorization for Release of Protected Health Information

This authorization form permits Ravenel Periodontics, PA to use or disclose protected health information listed in this description section below for the following patient.

Name: _____ Date of Birth: _____

Name of entity or person to receive the information: _____

Name: _____ Date of Birth: _____

Description of information to be used or disclosed (please select which applies):

APPOINTMENTS PROCEDURES BILLING INFORMATION ALL LISTED

Name of entity or person to receive the information: _____

Unencrypted Email Address: _____

Description of information to be used or disclosed (please select which applies):

APPOINTMENTS PROCEDURES BILLING INFORMATION ALL LISTED

Purpose of use or disclosure: TO MEET DISCLOSURE REQUESTED OF PATIENT
Expiration Date or Event: UNTIL REVOKED BY PATIENT

Rights of the Patient

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

I understand that I have the right to revoke this authorization at any time by sending notification to the office listed at the top of this form. I understand that a revocation is not effective in cases where the information has already been used or disclosed but will be effective moving forward.

I understand that information used or disclosed as a result of this authorization form may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

 Signature of Patient or Personal Representative (as defined by HIPAA) Date:

Office Use Only:

Description or Personal Representative's Authority (attach necessary documentation)

Receiving Employee: _____ Date Received: _____ Copy Given to Patient: _____