

Gover & Gover, DMD, PA
3840 Ed Drive
Suite 120
Raleigh, NC 27612

Authorization for Release of Information

Name of Patient _____ Date of Birth _____

Drs. Gover & Gover, DMD, PA is authorized to release protected health information about the above patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

Entity to Receive Information: Check each person/entity that you approve to receive information.

- Voice Mail
- Spouse (provide name) _____
- Parent (provide name) _____
- Child(ren) (provide name) _____
- Other (provide name) _____

Patient Information

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 used or disclosed. 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 a result of this authorization may be subject to redisclosure 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.

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority (attach necessary documentation): _____