MARY ANNE SALCETTI, D.D.S., P.C.

HIPAA Authorization to Disclose Protected Health Information

This authorization to release health information is for patient: _____

Please check one: ( ) Self ( ) Spouse ( ) Dependent Child _____
Parents/Guardian Name

Date of Birth: _____ Day Phone #: _____

The following person(s) may receive my dental/health information & to be contacted in case of an emergency:

Name _____ Relationship _____ Day Phone # _____

I hereby authorize the use and/or disclosure of my individual identifiable health information as described above. I understand that this authorization is voluntary. I also understand that if the person authorized to receive the information is not a health plan or health care provider, the released information may be further disclosed and may no longer be protected by the federal privacy regulations.

Email or Other Electronic Means Authorization:

I authorize Mary Anne Salcetti DDS PC to transmit patient information relating to my treatment, health or payment by email or other electronic means, without encryption or special security precautions to me or someone I designate or to other health care providers, insurance plans and others involved in my treatment. The patient information that may be emailed may include my x-rays, health history, diagnosis and treatment and payment records. If email is not used Mary Anne Salcetti, DDS PC may use other ways to send my information or ask me to send my information to a third party. There is some risk that emails and other electronic messages may be improperly acquired by unintended recipients. If that happens the information may be disclosed and no longer protected by privacy law.

This authorization expires seven years from today's date unless revoked in writing. You may revoke the Authorization at any time by providing written notice to Mary Anne Salcetti, DDS PC. Your revocation will not affect any actions already taken in reliance on this authorization.

Appointment Reminders:

We will mail you a hygiene reminder postcard, and confirm your appointment with you personally or leave a message on your home/cell phone or with someone who answers your phone or send an email.

Acknowledgement of Receipt of Notice of Privacy Practices:

I, _____, have read this office's Notice of Privacy Practices
Print name

Signature: _____Date: _____