

# McNiel Family Dentistry, PC.

1905 Abbot Rd.  
East Lansing, MI 48823

(517)351-6140

info@jmcnielfamilydentistry.com  
http://jmcnielfamilydentistry.com



**BEFORE FILLING OUT: \*Computer Users: Download PDF & open in Acrobat \*Mobile Users: 1. Download Adobe Acrobat Reader app  
2. Import to Acrobat  
3. Fill & Sign**

## Authorization for Disclosure of Protected Health Information

I authorize McNiel Family Dentistry, PC to disclose or provide protected health information, about me to the individual(s) listed below. (Name and phone number)

Check those items of the record to be disclosed:

- Entire Record                       X-Rays  
 Financial History                       Other \_\_\_\_\_

Purpose of Disclosure:

The practice places no condition to sign this authorization on the delivery of healthcare or treatment. You have the right to receive a copy of signed authorizations upon request.

We have no control over the person(s) you have listed to receive your protected health information. Therefore, your protected health information disclosed under this authorization may no longer be protected by the requirements of the Privacy Rule, and will no longer be the responsibility of the practice.

You have the right to terminate this authorization at any time by submitting a written request to our Privacy Manager. Termination of this authorization will be effective upon written notice, except where a disclosure has already been made based on prior authorization.

Patient Name:  Last                       First                       MI                       Preferred Name

Patient or representative signature.

Signature: \_\_\_\_\_

Date:

If not "Self". Typed or Printed Name of Person Signing Form

Relationship to Patient

**Click SUBMIT button to send your completed form to our office (only works in Adobe Acrobat).**

**If you're having problems, please give us a call at 517-351-6140**

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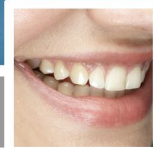
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Response Date: