

**HIPAA PRIVACY AUTHORIZATION FORM**

Smile Tucson Family Dentistry  
8295 N Cortaro Rd, Suite #137  
Tucson, AZ, 85743  
(520)744-6423

**Without your specific authorization**, no other person can receive information regarding your condition, billing, treatment, or prognosis, nor will anyone be allowed to schedule, cancel, or adjust your appointments.

Authorization for use or disclosure of protected health information

I hereby authorize the release of my protected dental/health information for the following individual(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name (Please print): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

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

Patient / Guardian Signature: \_\_\_\_\_