

**Ann G. Borgström DDS, PC
Whole Health Dentistry**

Form 5: Authorization to Release Health Care Information

Patient name	Birth date	
Previous name, if any		
Doctor's name		
Practice name		
I request and authorize the above listed doctor and practice to release health care information of the patient named above to:		
Name Ann G. Borgström DDS, PC ▪ Whole Health Dentistry		
Address 191 Parrish St.		
City Canandaigua	State N.Y.	Zip code 14424-1726
This request and authorization applies to health care information relating to the following treatment, condition, or dates of treatment:		
Or <input type="checkbox"/> All health care information		
Or <input type="checkbox"/> Other		
This authorization expires on	or	days after the date it
is signed, or when the following event occurs:		

I may cancel this authorization to the extent allowed by law. If I do, I understand that the doctor or practice may have already released information after I gave permission. I know that canceling this authorization would not prohibit any release of information by the doctor or practice in reliance on my original authorization.

There are two ways to cancel this agreement. I can:

- Sign and date a form available from the doctor or practice called **Revocation of Authorization for Use and Disclosure of Health Care Information** or
- Write a letter to the doctor or practice, saying that I want to cancel my authorization to disclose my health care information. My letter must include the name or other specific identification of the person(s) whom I no longer want to receive information. I or my authorized representative must sign and date the letter.

I know that, once my doctor releases the information as I authorized, he or she has no control over that information. The individual or organization that I authorized to receive the information might redisclose it. Federal or state privacy laws may no longer protect the information.

Signature of patient or patient's authorized representative	Date
If signed by representative, indicate relationship (parent, legal guardian, etc.)	