VIET HO
PROSTHODONTIST

Authorization for Release of Information to Family and/or Friends

Name of Patient_____ Date of Birth_____

Viet Ho Prosthodontist is authorized to discuss my dental care and may release my confidential health information to the following:

_____ _____
Name Relationship

_____ _____
Name Relationship

Rights of the Patient

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 disclosed as described in this document by sending a written notification to **Viet Ho Prosthodontist 200 Ave K S.E. Winter Haven FL, 33880.** 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.

This authorization shall be in force and effective until revoked by the patient or representative signing the authorization.

_____ Date_____
Signature of Patient or Personal Representative

_____
Relationship of Personal Representative

VIET HO
PROSTHODONTIST

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

State and federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with a Notice of Privacy Practices. Our Notice is available online. If you prefer a paper copy, they can be found in our lobby.

I acknowledge that a copy of this office's Notice of Privacy Practices has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Notice.

_____

Signature Date

----------FOR OFFICE USE ONLY----------

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Other (Please Specify)_____