

JEFFREY J TIBBS, DDS, PA
3455 HEALY DRIVE
WINSTON-SALEM, NC 27103
336-765-7477

Communication Authorization for Release of Information

Jeffrey J. Tibbs, DDS, PA is authorized to release protected health information about the above patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

Entity to Receive Information

(check all that apply)

- Parent _____ (Full Name)
 Spouse _____ (Full Name)
 Other _____ (Name/Relationship)
 Voice Mail – Patient
 Answering Machine – Patient

Description of Information to be Released

(check all that apply)

- Results of tests/x-rays Appt. Information Billing/Financial Information

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 Jeffrey J. Tibbs, DDS, PA.

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 re-disclosure 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 conditional on signing. This authorization shall be in effect until revoked by the patient.

Patient Signature _____ Date _____