

Lawrence A. Kurzweil, D.D.S., P.C.

HIPAA Authorization Form

Lawrence A. Kurzweil, D.D.S., P.C. has taken measures to protect all of our patient's private medical information. We will not release any information to anyone unless you have provided the requested information below. These would be people other than what is covered in our Notice of Privacy Practices.

HIPAA (Health Insurance Privacy and Accountability Act) does allow us to release information to outside entities on your behalf. Examples of this are: Another medical office when making you an appointment, your insurance company when trying to get your claims paid, your pharmacy or hospital.

Please see the receptionist with any questions prior to signing this authorization form.

I, _____, am authorizing the person/people listed below to obtain medical information about myself. I understand that Lawrence A. Kurzweil, D.D.S, P.C. is not responsible for the information provided as long as it is given to a person that I have listed.

Date of Birth must be provided so that our office can verify that we are speaking to the correct person

1. Name _____ Date of Birth _____

2. Name _____ Date of Birth _____

3. Name _____ Date of Birth _____

Patient's Signature

Date

OR

I, _____, do not authorize Lawrence A. Kurzweil D.D.S, P.C. to release any of my protected information to anyone other than the entities that are discussed in the Notice of Private Practices.

Patient's Signature

Date
