

## Stead Willis DMD

### Authorization for release of your dental information to our office:

#### Section A:

I authorize the disclosure of my individually identifiable health information as described in Section B below. I understand this authorization is voluntary and made to confirm my directions. I hereby give my permission to

\_\_\_\_\_ to disclose my personal health information in the manner described herein.

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### Section B:

Name or specifically describe the persons and/or entities to which you are authorizing the practice named above to disclose your personal health information described below.

**Release records to: Stead Willis, DMD**  
**1212 Broad St.**  
**Durham, NC 27705**

**Phone #: 919-286-2235**  
**Fax #: 919-286-2237**

**\*Send images to: [info@steadwillisdmd.com](mailto:info@steadwillisdmd.com) (In jpeg or dexis format)**

**Personal Health Information to be disclosed:** Copies of any x-rays and records of any exams, diagnoses, and treatment.

**Purpose of Disclosure:** I will be seen as a patient in Dr. Stead Willis' office.

#### Section C: Right to revoke:

I understand that I may revoke this authorization at any time by notifying the practice in writing, but if I do, it will not have any effect on the actions they took before they received the revocation.

#### Signature:

I, \_\_\_\_\_, have had full opportunity to read and consider the contents of this authorization. I confirm the contents are consistent with my direction to the practice named above. I understand I have the right to inspect and/or copy the disclosed information described above. I also have the right to refuse to sign this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If someone other than you, the patient, has signed this form on your behalf, please indicate the name of this person and their relationship to you.

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

**\*\*THIS AUTHORIZATION EXPIRES AFTER ONE RELEASE\*\***

