

Authorization to Release Health Information

Please indicate to whom the information will be released :
(Parent, Doctor, Non Parent or Guardian)

Patient Information:

Name of Patient _____ Date of Birth _____
Additional Patient _____ Date of Birth _____
Additional Patient _____ Date of Birth _____
Additional Patient _____ Date of Birth _____
Address _____
City, State, Zip _____

Name & address of Covered Entity authorized to release information:

Ashburn Children's Dentistry
44025 Pipeline Plaza Unit 1-225
Ashburn, VA 20147

Please mail information to the following address:

Please email information to the following address:

This authorization shall be in effect until the information has been forwarded as requested.

Rights of the Patient

I understand that my treatment will not be conditioned on signing this authorization and that I have the right to refuse to sign this authorization. *I understand that information 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 revoke this authorization by sending a written notification to the address below and that a revocation is not effective if the information has already been disclosed but will be effective going forward.

I understand that I have the right to inspect or copy the protected health information as described in this document. I can do this by written notification to Ashburn Children's Dentistry, 44025 Pipeline Plaza Ste I-225, Ashburn, VA 20147.

Date _____

Signature of Patient or Personal Representative

(If signing online, please type name as an indication that you have read and agree to all terms above)

Please fill out a brief questionnaire if you will be permanently leaving the practice:

1. Reason for Leaving Practice:

Change of Insurance

Moved out of Area

Bad Experience

Other: _____

Describe Experience if Bad _____

2. We highly value the opinions of our patients and parents. Is there anything we could have done better to make your experience more enjoyable?

3. What did you like the most about our practice?

4. What did you like the least about our practice?