



Valley Dental Group

Gentle Family Dental Care

Brian Kane, DDS • Doris Chan, DDS • Luke St. Marie, DDS
17900 Talbot Rd. S #103 • Renton, Wa 98055 • Phone (425) 271-1727
Fax (425) 271-1763 • Email frontdesk@vallevdentalgroup.com

Authorization to Use or Disclose Patient Information

I, _____, authorize Valley Dental Group to disclose the following protected health information to:

NAME OF ENTITY TO RECEIVE INFORMATION

ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

DISCRIPTION OF INFORMATION TO BE RELEASED: _____

REASON FOR RELEASE OF INFORMATION : _____

I understand that I have the right to revoke this authorization at any time by sending written notification to Dr. Kane and Dr. Chan. I understand that any revocation is not effective to the extent that Dr. Kane and Dr. Chan has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to 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:

- Inspect or copy my protected health information to be used or disclosed as permitted under federal and/ or state law.
- Refuse to sign this authorization.

I understand that Dr. Kane and Dr. Chan, or staff members of Valley Dental Group will not condition my treatment on whether I provide authorization for the requested use or disclosure, except under the following circumstance:

- When the provision of care by Dr. Kane and Dr. Chan is solely for the purpose of creating protected health information for disclosure to a third party, when such disclosure is contingent upon my **authorization**.

Name of patient or personal representative: _____

Signature of patient or personal representative: _____

Representative's relation to patient: _____

Date: _____