

PF-3200A Standard Authorization of Use and Disclosure of Protected Health Information

Information to be Used or Disclosed

The information covered by this authorization includes:

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

Person(s) Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Name of person/organization

Person(s) to Whom Information May be Disclosed

Information described above may be disclosed to:

Name of person/organization

Expiration Date of Authorization

This authorization is effective through ___/___/___ unless revoked or terminated earlier by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Pueblo Dental Management, Inc. You should contact the Privacy Officer to terminate this authorization.

Potential of Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once Pueblo Dental Management, Inc. discloses it to another party.

Signature:

Name of Patient (Print)

Signature of Patient Date

Name of Patient Representative (Print)

Signature of Patient Representative Date

Relationship of Patient Representative to Patient