Great Oaks Dental

HIPAA Authorization and Social Media

This authorization form permits **Great Oaks Dental** to use or disclose protected health information listed in the Description section below to the Entity or Person listed in the Receiving Entity section for the following patient:

Patient Name_____Birth Date_____

1. Use and Disclosures of Protected Health Information
   Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

2. Purpose: The purpose of this authorization is to meet the patients request for information disclosures and uses.

Entity or Person to receive information:

Name _____ Phone # _____

Relationship_____

Can the information be received by text, email, or voice mail? _____

Please check the following information that may be provided:

Appointment information ☐ **Family billing information** ☐

Clinical information ☐ **financial information** ☐

General Viewing and Social Media Viewing:

Photos (office placement) ☐

Photos (Facebook, Instagram) ☐

Contest Information ☐

Expiration date or event: This authorization shall be enforced until revoked by the patient.

Rights of the Patient

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

I understand that I have the right to revoke this authorization at any time by sending a written notification.
I understand that a revocation is not effective in cases where the information has already been used or disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to disclosure by the recipient and may no longer be protected by federal or state law.

_____Date_____

Signature of Patient, Parent, or Personal Representative