

Rensselaer Family Dentistry, LLC.
Dr. Anne Sy, D.D.S.

Medical Information Release Form

(HIPAA Release Form)

Name: _____

I authorize the release of **ANY** information including diagnosis, records, examination rendered to me, claims information, insurance and any other pertinent information be released to the following:

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Printed Name

Date

Signature

Date

Parent/Guardian

Date