



Vincent G. Sotero, D.M.D.
1224 Main Street
Branford, CT 06405

PATIENT DISCLOSURE INSTRUCTIONS AND AUTHORIZATION TO RELEASE INFORMATION

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (*check all that apply*):

- Home Telephone _____
 - O.K. to leave message with detailed information
 - Leave message with call-back number only
- O.K. to mail to my home address
- O.K. to mail to my work/office address
- O.K. to fax to number indicated
- Work Telephone _____
 - O.K. to leave message with detailed information
 - Leave message with call-back number only
- Other (Fax/Cell, etc.) _____

I allow you to give my clinical information or answer questions from (check all that apply):

- Spouse
- Parent
- Child
- Other (specify): _____

I hereby authorize the above named dentist(s) to provide any insurance company(s), claim administrator(s), and consulting health care professionals, information concerning health care advice, treatment, or supplies provided. This information will be used exclusively for the purpose of evaluating and administering claims (printed and electronic) for benefits

Patient or Authorized Guardian's Signature

____/____/_____
Date