

Plantsville Family Dental

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Due to new federal mandates called *Health Insurance Portability and Accountability Act* or HIPPA, healthcare providers are now required to obtain patient consent for the release of private health information.

I give the office of Dr. Thomas DeRienzo consent to release private health information for the benefit of my continued quality healthcare. Healthcare information may be released to my primary physician, referring specialist, insurance company or other dentist involved in my care. For this purpose, private health information is defined as personal information, examination findings and/or treatment either proposed or completed.

Initial: _____

I also give the office of Dr. Thomas DeRienzo permission to leave appointment reminders and/or other pertinent messages on my answering machine, e-mail or at my place of employment, and/or to contact me by postcard or letter.

Initial: _____

I understand that any information that has already been disclosed was not protected by this document. I also understand that I may revoke this authorization, in writing, at any time.

An in-depth policy is available to you at your request.

Print Name: _____

Signature: _____

Date: _____