

BARTH FAMILY DENTISTRY, PSC
Dr. Charity A. Barth
NPI: 198-270-4656
1821 Florence Pike, St. #2, Burlington, KY 41005
Phone: (859) 689-7700, Fax: 859-689-9641

Authorization for Release of Confidential Information

The undersigned hereby authorizes **Barth Family Dentistry, PSC/ Dr. Barth** to obtain medical, dental, psychiatric, psychological, alcohol and/or drug information on:

Patient Name

Date of Birth

Patient Number

Dates of Treatment/ Hospitalization

INFORMATION TO BE RELEASED TO: BARTH FAMILY DENTISTRY, PSC

Type of Information to be released:

Purpose for release:

It is understood that this authorization for release is subject to written revocation at any time. When a patient revokes consent **Barth Family Dentistry,PSC** is not liable for items sent in reliance on the consent in the interim between authorization and revocation. Unless a date is specified below, this release will expire sixty (60) after date it is signed.

Time Limitation of Release: _____
Month Day Year

THIS AUTHORIZATION IS INVALID UNLESS ALL PERTINENT SECTIONS ARE COMPLETED.

As the recipient of this information, Barth Family Dentistry,PSC, understands that this information has been disclosed from records whose confidentiality is protected by Federal Law. Federal regulations (42 C.F.R., Part 2) prohibits Barth Family Dentistry,PSC from any further disclosure of the information except with specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose.

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I have read or been informed that all blanks were properly filled in prior to my signature.

Patient's signature

Date

Witness' Signature

Date

Parent/ Guardian/ Representative

Relationship

Date