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Records and Release of Information Authorization

Our office is dedicated to patient privacy and follows all rules and regulations from the Health Insurance Portability and Accountability Act (HIPAA). HIPAA law gives patients an array of rights regarding their personal information and also permits the disclosure of personal health information needed for patient care and other important purposes.

We want to make it clear to each patient that we will only share your personal information with someone who has your permission. Please take a moment to list anyone who is authorized to be given information about your health information and/or financial account.

Authorized Person: _____

Relationship to Patient: _____

Authorized Person: _____

Relationship to Patient: _____

Authorized Person: _____

Relationship to Patient: _____

Authorized Person: _____

Relationship to Patient: _____

Please be sure to update our records if there is a change in status.
Thank you for your help in this matter.

Print Patient Name: _____

Signature of PATIENT, PARENT or GUARDIAN: _____ Date: _____