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## HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act ---- 45 CFR Parts 160 and 164)

1. I hereby authorize Dr. Stephenson to use and/or disclose the protected health information (“PHI”) described below.

2. Authorization for release of PHI related to pertaining to treatment of my dental health care:

All past, present and future periods.

3. I hereby authorize the release of PHI as follows:

My complete health record (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse).

4. In addition to the authorization for release of my PHI , I authorize disclosure of information regarding my billing, condition, treatment and prognosis to the following individual(s):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

5. This medical information may be used by the persons I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

7. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

8. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

\_\_\_\_\_  
(Signature of Patient/Parent/or Gauardian)

\_\_\_\_\_  
(Date)

Pt Refused to Sign HIPAA Authorization: \_\_\_\_\_ Staff Member Signature: \_\_\_\_\_

Privacy Officer: Cynthia Driggers (Office Manager)  
Contact Info: 919.241.5161  
Email: [markstephenson.dds@gmail.com](mailto:markstephenson.dds@gmail.com) (subject line..Attention ..Privacy Officer)