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**RELEASE OF INFORMATION/PATIENT PRIVACY/Our HIPAA Policies  
(Health Information Privacy/  
Health Insurance Portability and Accountability Act)**

To Whom it May Concern

Re: Release of Information for: \_\_\_\_\_

Please release any medical records, insurance, or other necessary information as requested by Office Anesthesiology & Dental Consultants, PC that pertains to my planned surgical/general anesthesia procedure.

**To our patients:**

It may be necessary for your medical and personal information to be shared with other health professionals, their designated personnel, your family members, and other individuals that you designate who are involved in your care. This information may also be provided to your health benefits administrator, human resource personnel at your place of employment, or other individuals and agencies involved in the processing of your health claim. Transfer of your information may occur via the mail, memo, telephone, facsimile, e-mail, or personal communications. A reasonable effort will be made to protect the confidentiality of your personal medical information and to prevent unauthorized access by entities not involved in your health care related issues. If you need more information regarding HIPAA go to [www.hhs.gov](http://www.hhs.gov).

\_\_\_\_\_  
Patient (Parent, Guardian) Signature

\_\_\_\_\_  
Date