



Amanda P. Velazquez, D.M.D

Consent for Use and Disclosure of Protected Health Information and Release of Medical Records

Patient Name: _____ Date of Birth: _____

I, _____, the undersigned, and _____,
(Print Name of Parent/Legal Guardian) (Relationship to the patient)

of the above named patient, hereby authorize Amanda P. Velazquez, D.M.D and Suncoast Pediatric Dentistry, P.L. (hereafter collectively referred to as the "Practice") to use and disclose the entire medical record concerning the above named patient (hereafter referred to as the "Patient") in accordance with the attached Notice of Privacy Practices (NOPP). I have reviewed the NOPP, been given an opportunity to ask questions about it, understand it and do hereby agree to its terms. A copy of this signed, dated Consent shall be effective as the original. I release, hold harmless and agree to indemnify the Practice, its employees and agents for any and all liability (including but not limited to negligence) arising out of or occurring under this Consent. I specifically authorize the Practice to use and disclose verbally, by mail, fax or unencrypted e-mail, the Patient's medical record.

By Parent: _____ Date: _____
(Signature)

Or

By Patient Representative: _____ Date: _____
(Signature & Describe relationship to Patient)

ONLY COMPLETE IF REQUESTING RELEASE OF RECORDS

1. Please send a copy of my records (including information from other health-care providers that it may contain) to: _____ at _____.
I understand that my records may be subject to re-disclosure by recipient(s) and unprotected by federal or state law.
2. Please allow _____ to pick up a copy of my records (including information from other health-care providers that it may contain).
3. Please send a copy of my records (including information from other health-care providers that it may contain) by unencrypted email to: _____. I understand it may be unprotected by federal or state law.

Authorizing Signature: _____ Date: _____
Print Name: _____ Relationship to Patient: _____