Valerie D. Saulsbury-Effertz DDS 9906 College Boulevard Overland Park, KS 66210

Dental Information Release Form (HIPAA Release Form)

Release of Information

[ ] I authorize the release of information including the diagnosis, records & examination rendered to me and claims information. This information may be released to:

[ ] Spouse: ________________________________

[ ] Child(ren): _____________________________

[ ] Other: __________________________________

[ ] Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Signed: __________________________ Date: __________________

Witness: _________________________ Date: __________________