

Blue Ridge Oral Surgery

54 South Medical Center Drive
Fishersville, VA 22939
540-886-2956

Oral & Maxillofacial Surgery

By signing this form, I _____ (patient), authorize the use and disclosure of my health information as described below:

1. The purpose of this agreement is to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the HIPAA requires us to maintain the privacy of medical information provided to us.
2. What information can be disclosed? Your name, address, phone number, any information relating to medical history, insurance information, appointments, mailings and coverage information concerning your medical providers.
3. Who can disclose this information? Employees and staff of Blue Ridge Oral Surgery, are authorized to make use of or disclose required health information.
4. To whom can this information be disclosed? Organized health care entities or other medical providers in relationship to patient's health care can receive this information.

I understand that I have the right to revoke this authorization, in writing, at any time, except (1) where uses or disclosures have already been made based upon my original permission or (2) the authorization was obtained as a condition of securing insurance coverage and the insurer by law has the right to contest a claim or the insurance policy. I understand that uses and disclosures already made based upon my original permission cannot be taken back. To revoke this authorization, I must do so in writing and send it to Blue Ridge Oral Surgery.

I understand that it is possible that information used or disclosed with my permission may be redisclosed by the recipient and no longer protected by the federal Privacy Standards.

_____ (initials of patient or guardian) I understand that Blue Ridge Oral Surgery may not condition treatment on my signing this authorization and that I have a right to refuse to sign this authorization.

Patient's name _____

Guardian or patient's signature _____

Date signed _____