

Michael W. Lee , DMD, LLC / Lee Cosmetic Dentistry

I _____ have received a copy of the notice of privacy practices (Hipaa) and give Dr. Michael W. Lee and all associates my permission to communicate with the following people regarding my health. This may include treatment, x-rays, healthcare operations, payment, insurance information, person(s) involved with care, medications and appointment reminders. **Please list all offices, schools, places of employment and any other person(s) that you give Dr. Michael W. Lee and associates permission to communicate with.** This will be/is at the request of the individual. This request will expire 5 years from the signed date.

- 1. Doctor(s): Oral Surgeon, Endodontist, Periodontist, Medical Doctor, Orthodontist, Dentist, Lab, Pharmacy (and/or team associates)
 - 2. Insurance(s): On file/listed with Medical History
 - 3. School(s): _____
 - 4. Employer(s): _____
 - 5. Appointment Reminders: lighthouse 360, email confirmation, call confirmation
 - 6. Person(s): _____
-

I, the undersigned, understand that I have the right to revoke this authorization. I understand the revocation must be in writing and bear my signature. My revocation must be submitted to the above healthcare provider, I understand that if I do revoke this authorization, my revocation will not affect any prior actions taken in reliance on this authorization. I understand that if the person or entity that receives the described records/information is not subject to federal privacy regulations or other laws, the records/information may be re-disclosed and no longer protected by those regulations. I understand that the healthcare provider may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I may refuse to sign this authorization.

Signature: _____ Date: _____

If for minor, list minors name : _____

We send statements and reminders to your email. Please provide and email address you would like to use for this purpose.

Email : _____

Initial for permission to email: _____ Date: _____