

**Brad A. Heim DMD, MAGD
John P. Carroll DMD
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Consent to Share Information

It is the policy of the federal government to protect the rights of each patient's privacy. As set for in the Notice of Privacy Practice, no patient's information is disclosed without the patient's consent. Under the Health Insurance Portability and Accountability Act (HIPAA) any patient 18 years and older is entitled to privacy of information.

I authorize the office staff of Dr. Heim and Dr. Carroll to share the following information (please initial)

- All dental records (x-rays, treatment notes, financial)
- X-rays only
- Financial information/agreements
- Information disclosed from treatment plan
- Billing inquiries

The above information may be released to the following parties:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

This authorization is in force until _____ or I notify you otherwise.

Signature: _____ Date _____

Name printed: _____

