



**Protected Health Information Release**  
**Authorization**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

This will authorize \_\_\_\_\_ Phone: \_\_\_\_\_

To use or disclose my protected health information to: Northern Tier Center for Health (NOTCH)

Address: Attn: Swanton Dental Clinic, 26 Canada Street, Swanton, VT 05488

Phone/Fax: P: 802-868-2454 F: 802-868-2461

as described below for the following purpose:  Continuity of Care  Other: \_\_\_\_\_

Specific Information to be sent:

- |                                      |    |   |  |
|--------------------------------------|----|---|--|
| <input type="checkbox"/> All Records | OR | <input type="checkbox"/> Diagnostic Imaging Reports | <input type="checkbox"/> Lab Reports   |
|                                      |    | <input type="checkbox"/> Dental Records             | <input type="checkbox"/> Consult Notes |
|                                      |    | <input type="checkbox"/> Immunizations              | <input type="checkbox"/> Office Notes  |
|                                      |    | <input type="checkbox"/> Other: _____               |  |

Dates of care include: \_\_\_\_\_

- I understand that this authorization may be revoked in writing at any time, although revocation will not be effective as the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed.
- I understand that information to be released may include treatment related to: mental health, behavioral health, HIV/AIDS.
- I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

\_\_\_\_\_  
Signature of Individual or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authority or Relationship of Representative

EXPIRATION DATE: This authorization will expire on \_\_\_\_\_  
(If no date or event is stated, expiration is one year from the date it was signed.)