Kevin D. Dow, DDS
Alexander Fisher, DMD
30 N. Michigan Avenue
Suite 1506
Chicago, IL 60602
312-372-4845

HIPAA-Consent to Release and Review Medical/Dental Information and Records

I understand that all patients have the right to expect that all communications and records pertaining to their case should be treated as confidential.

So that Drs. Dow and Fisher may make a thorough examination and diagnosis, I also understand that Drs. Dow and Fisher may need to obtain information from my medical doctor(s) and/or prior dentists(s). Therefore, I grant you the right to obtain information about my health condition from my medical doctors and other dentists. Such records will then be considered by me to be a part of Dr. Dow and/or Dr. Fishers records.

I also give Dr. Dow and/or Dr. Fisher permission to share my health information with other health care professionals and dental specialists who would include the release of my dental charts and records for the sole purpose of consultation regarding diagnosis, treatment planning and care.

I also give permission to an authorized insurance company to review my records for the purpose of payment for treatment. I will not hold Dr. Dow and/or Dr. Fisher responsible in the rare event that records, or x-rays, or copies are lost by an insurance company.

X_____

Signature of Patient, Parent or Guardian Date