



Dr. Brian T. Seese, D.M.D.

610 Jetton Street, Suite 250

Davidson, NC 28036

704-895-5095

info@SmilesBySeese.com

HIPAA Release Form

Patient Name: _____ DOB: _____

Release of Information

- I authorize the release of information including the diagnosis, records, examination rendered to me and claims information.

This information may be released to:

- Spouse _____
- Child(ren) _____
- Other _____
- Information is NOT to be released to anyone

This Release of Information will remain in effect until terminated by me in writing.

Phone Messages

Please Call:

- my home _____
- my cell _____
- my work _____

If unable to reach me:

- you may leave a detailed message
- please leave a message asking me to return your call
- do NOT leave a message

Patient/Guardian

Signature: _____

Date: _____