DELTA DENTAL®

Delta Dental Plan of New Hampshire, Inc.
Delta Dental Plan of Vermont, Inc.
Maine Dental Service Corporation d/b/a
Delta Dental Plan of Maine

Authorization for Release of Information

I. Information about the Use or Disclosure

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Name: _____ ID Number: _____

Persons/organizations authorized to provide the information: _____

_____

Persons/organizations authorized to receive the information: _____

_____

Specific description of information to be used or disclosed (including date(s)): _____

_____

_____

Specific purpose of the disclosure: _____

_____

_____

Expiration: Due to federal regulations, a new authorization form will normally be required for each contact (e.g., conversation or written inquiry.)

II. Important Information about Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to see assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

III. Signature of Individual or Individual's Representative

X _____ _____

Signature of Individual or Individual's Representative Date:

Printed name of the Individual's personal representative: _____

Relationship to the Individual, including authority for status as representative: _____

➢ YOU MAY REFUSE TO SIGN THIS AUTHORIZATION ➣