

PRIVACY AUTHORIZATION

This Authorization is required by the privacy regulations recently promulgated by the United States Department of Health and Human Services.

Your protected health information, including individually identifiable information, such as names, dates, photographs, x-rays and study models will be used or disclosed for the purpose of:

- Lectures/presentations;
- Publications;
- Research;
- Practice Marketing;

This information will be disclosed by: Dr. Joseph E. Jamison

The information will be disclosed to dentists, physicians, professional organizations and institutions, and prospective patients.

You have the right to revoke this Authorization at any time in writing. However, your revocation will not be effective to the extent that this Authorization has been relied on. If your treatment will be used for research purposes, we may condition your treatment on obtaining this Authorization, in which case you may not receive treatment.

The information used or disclosed per this Authorization may be subject to re-disclosure by the recipient(s), and thus, no longer protected by privacy rules.

Patient Signature

Print Name

Date