



SADDLE ROCK INSTITUTE

RYAN DOBBS, MD, DDS

7380 South Gartrell Road

Aurora, CO 80016

P: 720.826.8900

F: 720.826.8899

info@saddlerockinstitute.com

www.saddlerockinstitute.com

AUTHORIZATION TO DISCLOSE OR RELEASE HEALTH INFORMATION

Name of Patient: _____ **Date of Birth:** _____

Saddle Rock Institute is authorized to release protected health and/or financial information about the above-named patient in the following manner and to the identified persons below.

Entity to Receive Information:

Write each person/entity that you approve to receive information and select the information to be released:

- **Treatment** includes appointments, scheduling, test results, treatment plans, and medications/prescriptions.

Name/Relationship	Phone Number	All	Treatment	Financial

Patient Rights:

- I have the right to revoke this authorization at any time by submitting a written request to the Saddle Rock Institute.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

This authorization will remain in effect until revoked in writing by the patient.

Patient (or Legally Authorized Individual)

Signature: _____ Date: _____

Relationship to Patient (parent, legal guardian, etc): _____