

# Charles H. Surles, DDS

404 Lindsay St.  
High Point, NC 27262

## HIPAA Consent Form

### FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

#### TO OUR PATIENTS:

Patient information will be maintained by Charles H. Surles, DDS as described by the Notice of Privacy Practices. You may obtain a copy by contacting our office.

Charles H. Surles, DDS reserves the right to release your health care information based upon a decision by Dr. Surles for medical emergency situations and in general for continuity of care. We will release your health care information to third party payers in order to receive payment for services. We will use your health care information as needed to maintain our internal operations. We will release your information to anyone else that you may elect in writing to receive it. We will release information related to any work related injury to your employer. We reserve the right to call to remind you of upcoming appointments and/or leave information on your answering machine. For continuity and quality of care, we may also receive information regarding your prescriptions from your pharmacy.

At what number(s) would you like to be contacted:

Home (    )    -      
Work (    )    -      
Cell (    )    -    

If there is anyone that you would like us to share your health information with, please list names below.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**I have read and understand my rights.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
DOB