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IMPORTANT NOTICE:

Due to new **FEDERAL MANDATES** called **Health Insurance Portability and Accountability Act, or HIPPA**, healthcare providers are now required to obtain patient consent for the release of private health information.

I give **Southington Family Dentistry, PC.** consent to release private health information for the benefit of my continued quality healthcare. Health information may be released to my primary care physician, referring dentist, insurance company or another specialist involved in my dental care. For this purpose private information is defined as personal information, examination finding and/or treatment either purpose, underway or completed.

Initial

I also give **Southington Family Dentistry, PC.** Permission to leave appointment reminders and/or other pertinent messages in my answering machine, email, text or at my place of employment, per my request, and /or to contact me by post card or letter.

Initial

I understand that any information that has already been disclosed was not protected by this document. I also understand that I may revoke this authorization, in writing, at any time.

Signature

Date