



Glendale Orthodontic Group

HIPPA Release Form

Dr. Hoda Salim DDS,MS

I, _____ authorize the release of information on _____, including the diagnosis, records, examination, ledger/billing, claims information, and treatment rendered to the above patient.

The information may be released to (check all included)

- Step Parents: _____
 Grandparents: _____
 Child Care Providers: _____
 Other: _____
 Information is not to be released to anyone (Initial Here): _____

In further consideration to this, Dr. Salim and Glendale Orthodontic Group agree to the same stipulations. This Release of Information will remain in effect until terminated by the responsible party in writing.

Divorce Case: ***Note: Responsibility for the financial contract can only be under ONE responsible party***

- Mother's Name: _____
 Father's Name: _____
 Other: _____

Messages and communication from our office :

If we are unable to speak directly to you concerning matters pertaining to your care, please check one of the following preferences:

- You may leave a detailed message
 Leave a message only asking to return your call
 Email or text only

Signed: _____ Date: _____