

CONSENT FOR RELEASE OF MEDICAL RECORDS AND INFORMATION

I, _____, (hereafter "Patient") hereby authorize, Dr. Matthew A. Giunta, Dr. Frank N. Giunta, Giunta Dentistry, (hereafter collectively referred to as "Practice") to use and disclose the entire medical record concerning Patient in accordance with the attached Notice of Privacy Practices (NOPP). I have received a copy of the reviewed NOPP, been given an opportunity to ask questions about it, understand it and do hereby agree to its terms. A copy of this signed, dated Consent shall be as effective as the original. I release and hold Practice, its employees and agents harmless from any and all liability (including but not limited to negligence) arising out of or occurring under this consent.

Print Name

Sign Name

Date

If you are the legal representative of the patient, please print the patient's name and describe your authority _____.