STEVENSON FAIRCHILD & SURBER
Oral & Maxillofacial Surgery

Howard E. Stevenson, D.D.S.
Stephen J. Fairchild, D.D.S.
Timothy W. Surber, D.D.S.

Medical Information Release Form

(HIPAA Release Form)

Name_____ **Date of Birth:** ___/___/___

Release of Information

( ) I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

( ) Spouse_____

( ) Child(ren) _____

( ) Other_____

( ) Information is not to be released to anyone.

This **Release of Information** will remain in effect until terminated by me in writing.

MESSAGES

Please call ( ) my home ( ) my work ( ) my cell number_____

If unable to reach me:

( ) you may leave a detailed message

( ) please leave a message for me to return your call

( ) _____

The best time to reach me is (day) _____between (time) _____

Signed: _____ Date: ___/___/___

Witness: _____ Date: ___/___/___

911 Wall Street, Suite C
Valparaiso, IN 46383
Phone: (219) 462-9599
Fax: (219) 464-0369

61 W. 86th Avenue
Merrillville, IN 46410
Phone: (219) 736-1401
Fax: (219) 736-1405