

KIRKWOOD DENTISTRY

101 N. State Street, Greenfield, IN, 46140-0000

By selecting yes to the questions, and signing below, I am authorizing information to be sent to the contact numbers/emails that I have provided to Brandywine Dental Group, P.C.

Patient Rights:

- I have the right to revoke this authorization at any time.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed, but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

This Authorization will remain in effect until revoked by the patient.