



GENTLE FAMILY DENTISTRY

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HIPAA Authorization

I hereby authorize Dr. Locker and any of the employees of Gentle Family Dentistry to electronically transfer any of my dental records, including but not limited to health information, x-rays, photos, diagnoses, treatment plans, record notes and insurance information.

This information may be of a personal nature, and may be used in the following manner. To aid in obtaining diagnostic or treatment consultation, referral, insurance coverage or payment, and anything else of like manner. The information will help Dr. Locker and Gentle Family Dentistry provide for me the proper services, diagnoses or treatments, obtain insurance consultation or payment as may be deemed necessary by Dr. Locker or his staff in my best interest.

Printed Name of Patient

Signature

Date