

DENTAL CLINCS
HIPAA AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATION
FOR EDUCATIONAL AND RELATED PURPOSES

(OTHER THAN FOR TREATMENT AND PAYMENT PURPOSES)

Patient Name (last, first, middle initial): _____ Date of Birth: _____
Patient Address: _____ City: _____ State: _____ Zip: Code _____
Telephone No.: () _____

SPECIFY THE INFORMATION TO BE DISCLOSED: When I sign this Authorization, I authorize Nova Southeastern University, Inc., on behalf of its College of Dental Medicine and the Dental Clinics (hereinafter referred to as “NSU-CDM”) to use or disclose the following health information during the term of this Authorization:

- Video tapes/recordings
- Audio tapes/recordings
- Photographs
- X-rays and other diagnostic tests/films
- Medical Record Information (including but not limited to: description of injury or condition, clinical history, family history, patient demographics, test results, patient diagnosis and patient treatment)

I understand and agree that the information I am authorizing to be released may include:

- (1) HIV/AIDS Testing or Treatment (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative)
- (2) Information about Substance (i.e., alcohol or drug) Abuse
- (3) Information about Abuse of an Adult
- (4) Information about Sexual Assault
- (5) Information about Child Abuse and Neglect
- (6) Information about a Mental Illness or Developmental Disability
- (7) Information about Communicable Diseases
- (8) Information about Venereal Disease(s)
- (9) Information about Genetic Testing

PURPOSE: When I sign this Authorization, I authorize NSU-CDM to use and disclose the protected health information listed above for the following purpose:

- Uses/disclosures by NSU students or faculty for classroom activities within NSU for current and future teaching activities within NSU including disclosures by students to faculty for exam purposes;
- To create and present one or more presentation(s), seminars, conferences and meetings;
- To create and publish one or more articles(s), textbooks, internet publications, or other publications; and
- Current and future identification of appropriate patients for dental board examinations.

RECIPIENT: The following are the people to whom the NSU-CDM may disclose my protected health information:

- NSU students or faculty for classroom/exam activities within NSU;
- Attendees at a public conference(s), seminars, or other educational session(s);
- Publishers and readers of a article, textbook, internet publication or other publication(s); and
- Dental board examiners.

EFFECTIVE DATE OF AUTHORIZATION:

This authorization shall be in force and effect until the end of the educational purpose at which time this authorization to use or disclose this protected health information expires.

I understand that, as set forth in NSU’s Notice of Privacy Practice, I have the right to revoke this authorization, in writing, at any time by sending written notification to:

Dr. Jodi Kodish-Stav
Nova Southeastern University
College of Dental Medicine
3200 South University Drive
Ft. Lauderdale, FL 33328

I understand that a revocation is not effective to the extent that NSU-CDM has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that NSU-CDM will not condition my treatment on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- **Inspect or copy my protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights.)**
- **Refuse to sign this authorization.**

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Description of Personal Representative’s Authority

File in Patient Chart.

Date: April 2003

Revision: May 2014; May 2015; December 2017