

Authorization to Release Information

Please read these instructions carefully before completing this form.

When to Use This Form

- You must complete this form if you want Delta Dental of Nebraska to give information about you to someone else (for example, your spouse or a friend.)
- Please remember that your treating dental provider already has access to your information.
- Parents or a legal guardian may sign for a minor.

How to Complete This Form

This Authorization for Release of Information form must be completed and signed by:

- The person whose information will be released; or
- The parent or guardian of a minor whose information will be released; or
- The personal representative of the person whose information will be released. Include the document which appoints the Personal Representative (e.g. power of attorney, conservator, legal guardian, executor).

TO COMPLETE THIS FORM:

- Fill in the name, ID number, and date of birth of the person whose information will be released.
- Check the type(s) of information you want us to release.
- Fill in the name and address of the person or organization who will receive the information.
- Sign and date the form.
- If you are not the person whose information will be released, state your relationship to that person.

MAIL OR FAX THIS FORM TO:

Attn: Privacy Officer
Delta Dental of Nebraska
P.O. Box 9304
Minneapolis, MN 55440-9304

Fax # 651-768-1309

