Delta Dental Plan of New Hampshire, Inc.
Delta Dental Plan of Vermont, Inc.
Maine Dental Service Corporation d/b/a
Delta Dental Plan of Maine

Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
Fax: 603-223-1560
Email: customerservice@nedelta.com

Authorization for Release of Protected Health Information

Information About the Use or Disclosure (All sections of the form must be completed)

Name:	
ID Number:	
Persons/organizations authorized to provide the information:	The Northeast Delta Dental Companies: Delta Dental Plan of New Hampshire, Inc., Maine Dental Service Corporation d/b/a Delta Dental Plan of Maine, Delta Dental Plan of Vermont, Inc. and Red Tree Insurance Company, Inc. (Phone: 1-800-832-5700)
Persons/organizations authorized to receive the information:	
Specific description of information to be used or disclosed (including date(s)):	
Specific purpose of the disclosure: **(e.g. "At the request of the individual")**	
Expiration: **(e.g. "one year" or "none")**	

Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to see assurances from the above-named persons/ organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

Signature of Individual or Individual's Representative

Signature of Individual or Individual's representative:	X
Date:	
Printed name of the Individual's personal representative:	
Relationship to the Individual, including authority for status as representative:	

➢ **You May Refuse to Sign This Authorization** ≺