

# Dental Record Release

## Patient Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Treatment dates \_\_\_\_\_ to \_\_\_\_\_  
Email \_\_\_\_\_

## Covered Entity to release information:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ F ax \_\_\_\_\_  
Email \_\_\_\_\_

## Covered Entity to receive information:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ F ax \_\_\_\_\_  
Email \_\_\_\_\_

The patient has requested that the following protected health information is to be released for treatment purposes:

- |  |  |
|--|--|
| <input type="checkbox"/> Recent x-rays/panoramic films | <input type="checkbox"/> Clinical notes  |
| <input type="checkbox"/> Periodontal charting          | <input type="checkbox"/> Complete record |
| <input type="checkbox"/> Other _____                   |  |

## Patient Rights:

I understand that this authorization may be revoked at any time by giving written notice to the releasing covered entity. I understand that once my dental records have been released, the covered entity cannot revoke the information that has already been disclosed but no further releases will occur.

I understand that the information disclosed from this dental record release may be subject to re-disclosure by the recipient for treatment, payment or operational purposes and the releasing covered entity has no control over the use and disclosure of the information.

I understand that this dental record release shall remain in effect until the information has been received by the requesting covered entity.

\_\_\_\_\_  
Signature of Patient or Legal Representative

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name of Patient or Legal Representative

\_\_\_\_\_  
Description of Legal Representative Authority (provide supporting documentation)

We, at Karen Torres DDS PA, use reasonable means to protect the security and confidentiality of emails sent and received, but we cannot guarantee the security and confidentiality of all email communications.