

Release of Medical Information and Radiographs

The following original signed and dated form is to be placed in the patient's medical chart when the patient or their legal guardian requests that information be released to an outside source other than their insurance company.

Print Patient Name

I hereby authorize NJ Periodontics & Dental Implants, its doctors, employees and agents to release the following medical and/or dental information:

Check all that apply:

Radiographs/CT scan

Treatment Notes

Treatment Ledger

Medical history

Forward information to:

via email address:

_____ @ _____

via USPS to:

I will pick up at office personally.

My designee _____

Will pick up at office.

I understand there is a reproduction fee of \$10 for each radiograph and \$1 per page, plus postage. There is no charge to forward radiographs to the dentist(s) you listed on your registration forms or for providing you a CD of any CT scans obtained at our office.

All information sent by email will be encrypted to comply with HIPPA regulations. The recipient must follow the instructions accompanying the email in order to open it.

This release is valid from the date that I have placed my signature below until such time that I cancel by notifying the office in writing. Furthermore, I agree to hold the doctor, their employee(s) or agents harmless should the release of this information in anyway cause harm to me.

Signature of patient/parent/legal guardian

Date