

Port Pediatric Dentistry, PC
291 West Lakewood Blvd.
Holland MI 49424
616-392-1100
Fax 616-396-1117

REQUEST FOR ACCESS AND RELEASE OF MEDICAL /DENTAL INFORMATION

Patient's Name (print) _____

Date of Birth: _____ (for identification purposes)

Description of records you wish to access or release and the approximate dates of the records:

What would you like for us to do for you?

- I wish to see the requested records.
- I wish to get a copy of the requested records.
- I wish to see and get a copy of the requested records.
- If the request records are in an electronic designated record set, I wish an electronic copy of the requested records the following form and format, if readily producible:

If you would like the information emailed, enter the email address here (PLEASE PRINT VERY CLEARLY)

_____ @ _____

We do not recommend sending patient information in an unencrypted email because third parties may be able to access the email.

- I want you to prepare summary of the requested records and I agree in advance to pay a fee in the amount of \$_____.
- I want you to prepare an explanation of the records that I saw or got a copy of, and I agree in advance to pay a fee in the amount of \$_____.
- I want you to send the copy of the requested records to

Name: _____

Address: _____

Fees

Our practice charges a reasonable, cost-based fee for copies of patient information, and for postage to mail records if requested.

Questions

Please contact our privacy official, Ruth Weller at 616-392-1100.

If the request is by a patient, patient must be 18 years old.

Patient Signature: _____ Date _____

If the request is by a patient's personal representative:

Printed name of Personal Representative: _____

Relationship to the Patient: _____

I certify that I have the legal authority under federal and state laws to make this request on behalf of the patient identified above.

Signature of Representative _____ Date _____

FOR DENTAL OFFICE USE ONLY

- Request for access denied (attached written denial)
- Request for access approved.
Initials of employee _____