Instructions for Patient Authority to Release Dental Records

INSTRUCTIONS FOR PRACTITIONERS

Please read these instructions thoroughly to comply with the Privacy Legislation before using the form overleaf

1. Have the patient fill in Section A. Send that form by general post, or fax or email

2. The Releasing dentist fills in Section B at or after delivery / dispatch

3. The releasing dentist Makes three copies - one for the patient to keep after all sections have been filled in, and two for the requesting dentist.

4. The ORIGINAL is retained with sections A and B filled out by the releasing dentist

5. The records (copies not originals) and the two copies of the form (with A and B filled in) are then sent by either Registered Mail, Courier or hand delivery NOT by General Post to the requesting dentist

6. The Requesting dentist fills in section C on both copies and sends one back (ordinary mail) to the releasing dentist (except if the records are hand delivered in which case a signature ought to be obtained at delivery)

As a result

- The patient has one copy with section A filled in
- The requesting dentist has a copy with all sections filled in
- The releasing dentist has one original with sections A and B filled in and copy from the requesting dentist with all sections filled in

ADAQ December 2008
SECTION A

I, ...................................................................................(patient), hereby authorise my previous treating dentist
Dr ..........................................................................., of (address) .............................................................................................................. to release
my dental records or copies thereof (including radiographs and photographs where applicable)

(if applicable) and those of my following dependants
................................................................................
................................................................................
................................................................................

And to provide such records by registered mail, courier or personal delivery to

Dr ..........................................................................., (requesting dentist)
of (address) ..........................................................
................................................................................

Signed

..............................................................................

Name: (in full) ................................................................
Address: ......................................................................
......................................................................
......................................................................

Telephone: .........................................................
Dated: ................................................................

_____________________________________________________________________

SECTION B

Records were (registered) mailed/ couriered on …………. (Date)

Consignment Number or Registered  Mail Reference Number……………………..

OR

Hand Delivered by…………………………(name) on date

Signed     Name

________________________________________________________________________

SECTION C

Records Received : ……………….. (Name and Signature of requesting dentist or agent)