Columbus Children's Dentistry, PC
Matthew L. Keller, DMD
6408 Bradley Park Dr
Columbus GA 31904
Phone: 706.225.0444
Fax: 706.940.0008
frontdesk@ccdkids.com
www.columbuschildrensdentistry.com

Request and Authorization for Release of Protected Patient Health Information

The Patient / Parent / Guardian of _____ *(Patient Name)*
Hereby request and / or authorizes the release of protected health information for the above named patient / family and requests delivery by the following method:

Given at time of request: _____ Mail: _____ Fax: _____Pickup: _____Email: _____

Copies are released to:
_____Parent/ Guardian/ Patient/ Other _____
_____Another Dental and/or Health Provider _____
_____Emailed to_____*(name)* At_____*(Email Address)*

Specific Records/ Information requested to be released:
_____Treatment Plans
_____X-Rays
_____Progress Notes
_____Dental Chart
_____Account Statement
_____Other:_____

_____
Patient/Parent/Guardian-Print Name Signature Date

Duration: This authorization shall remain in effect for one year from the date of signature unless a different date is specified here:_____

Revocation: You or your representative may revoke this authorization upon written request. If you revoked this authorization, it will not affect information disclosed before the receipt of the request.

Redisclosure: Once this health information is disclosed, how the recipient further discloses it may no longer be protected under the Federal Privacy Law (HIPPA).

A copy of this authorization is as valid as the original. You have a right to receive a copy of this authorization at any time.