simply dental
noosaville

REQUEST FOR RELEASE OF DENTAL RECORDS

I..... of .....
(insert patient name) (insert address)

Request a copy of:

☐ my dental records
☐ my child's /children's ..... dental records

be released by .....
(insert previous practice name and address)

I wish a copy of the records to be

☐ Emailed to my treating dental practitioner at: **reception@simplydental.net.au**
☐ Given to me personally
☐ Posted to me at the following address by Express Post and marked personal and confidential .....
☐ Posted to my treating dental practitioner: **Simply Dental 42 Mary Street, Noosaville Qld 4565**

In requesting a copy of the records, I understand that;

- the records will be emailed/posted to my nominated address,
- receiving by email may not be as secure as receiving the records personally or by post
- the practice accepts no liability for the records once they leave the practice
- the practice accepts no liability for the records if they are accessed by unauthorised persons during transit or in any manner whatsoever without limitation,
- I can ask for the copy of the records to be provided to me personally or by post if I am sufficiently concerned about email security,
- I will acknowledge receipt of the records once received.

Signed ..... **Date** .....

Name: (in full) .....

Address: .....

.....

D.O.B. .....

Telephone: .....