Tufts University | School of Dental Medicine

Authorizing Release of My Health Information by TUSDM

PATIENT INFORMATION:

NAME:	DATE OF BIRTH:	PHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

REQUEST DETAILS:

STANDARD INFORMATION TO RELEASE (Choose all that apply): ☐ X-Rays ☐ CBCT* ☐ Case Notes/Treatment History ☐ Billing/Financial Statements ☐ Complete Record Set ☐ Other (please explain): **CBCT Requests may only be provided on a CD.*	SENSITIVE INFORMATION TO RELEASE (Choose all that apply and sign below): ☐ HIV/AIDS test/treatment ☐ Sexually transmitted disease ☐ Drug/alcohol problem ☐ Mental health information ☐ Genetic testing ☐ Sexual Assault ☐ Abortion
FORMAT TYPE (Choose one): ☐ Email Attachment ($6) ☐ Regular Paper ($6) ☐ X-Ray Diagnostic Quality Paper ($10) ☐ CD ($10) ☐ Review in Person (No fee)	By law, you are required to sign below to have us release sensitive information that may be in your record. X _____
DELIVERY METHOD (Choose one): ☐ Mail to patient address provided above. ☐ Mail to different address. Provide address → ☐ Email. Provide email address → ☐ Fax. Provide fax number → ☐ Pick up in person.	DELIVERY INFORMATION (E-mail, Fax, or Mailing Address if different from above):

AUTHORIZATION:

I understand there may be a fee for this service. I will have the opportunity to change my request before being charged, if I so choose. Please see our website at *dental.tufts.edu* or contact our clinic front desk staff for additional information.

SIGNATURE OF PATIENT OR PATIENT'S AUTHORIZED LEGAL REPRESENTATIVE: X	DATE:
AUTHORIZED LEGAL REPRESENTATIVE INFORMATION (If applicable): Printed name:	Relationship to patient:

SEND FORM AND MAKE PAYMENT:

1) SEND COMPLETED FORM →	**STANDARD MAIL:** TUSDM Compliance Office 1 Kneeland St., Suite 1531 Boston, MA 02111	**EMAIL:** dental.records@tufts.edu	**FAX:** (617) 636-6858
2) MAKE PAYMENT → *NOTE: Payment due is either $6 total or $10 total. See "FORMAT TYPE" above.*	**CHECK OR MONEY ORDER:** Mail to address above. Make payable to "TUSDM" (Include check/money order with form.)	**CREDIT CARD:** Call (617) 636-6986	