

ANDREW SULLIVAN DDS & JOEL PASCUZZI DMD, LLC

POLICY ON REQUEST FOR PATIENT RECORDS

PATIENT REQUEST FOR PERSONAL DENTAL RECORDS

According to the State Board of Dentistry patient records, including all radiographs, shall be maintained for at least 7 years from the date of the last entry and upon request of records by the patient, the dentist may charge a reasonable fee, not to exceed \$100 for the reproduction of records and radiographs. The fee for your request as per the State Board of Dentistry is:

- Number of Pages _____ X \$1.00 per page
- Number of X-rays/FMS _____ X \$10 per duplicating film

TOTAL FEE - \$ _____

Please submit the fee of \$ _____ and our office will forward the records to you. Thank you.

3rd PARTY REQUEST FOR PATIENT DENTAL RECORDS

A request for a patient's records by a third party such as a patient representative, an attorney, an insurance carrier etc. must comply with the following for our office to release the patient's records:

- Send us a signed and dated patient authorization form requesting the patient's records and please specify which records are being requested.
- Send us a signed patient HIPPA release form.

Upon receipt of the above two items your request will be processed and a fee will be determined based on the guidelines listed above for the reproduction of the records. The amount due will be forwarded to you. Upon receipt of the reproduction fee, our office will forward the information to you. Thank you.