

Dental Records Transfer Request Form – Northern Colorado Periodontics

I hereby request and authorize the transfer of my protected dental health records, or the protected health records of the below listed individual for whom I am a legal guardian. I understand this transfer request is to be honored for sixty (60) days from the date of this authorization. I understand that I may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance of this consent. I understand the information disclosed, because of this authorization, may be further disclosed by the recipient and may become no longer protected.

Patient Full Name: _____ **Date of birth:** _____

Requesting legal guardian name (if different from patient): _____

Check the appropriate section:

Receive by: _____ **Mail** _____ **Fax** _____ **E-mail**

_____ **I authorize you to release my records to:**

Practice, dentist, or individual's name: _____

(If requesting a copy for yourself please enter "self")

Address: _____

Phone number: _____ Fax number: _____

Email address: _____ @ _____

(emailed records will only be sent using secure encrypted HIPAA compliant email)

_____ **I authorize you to obtain my records from:**

Previous practice or dentist name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Email address: _____ @ _____

(emailed records will only be transferring using secure encrypted HIPAA compliant email)

Please send records to (Check requesting office):

_____ Fort Collins Office:

Northern Colorado Periodontics

4033 Boardwalk Drive Unit 100

Fort Collins, CO 80525

Fax: 970-207-0051

Email: Office@nocoperio.com

_____ Greeley Office:

Northern Colorado Periodontics

1813 61st Ave Street Ste 210

Greeley, CO 80634

Fax: 970-673-8732

Email: Greeley@nocoperio.com

****Please note the records to be released will be clinical notes, perio charting and x-rays.****

(Please use only HIPAA compliant encrypted/secure email)

Patient signature (or legal Guardian)

Date