

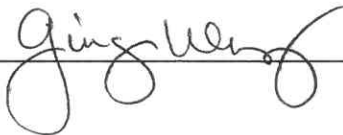


Department: Dental Number: HHS-5114 D

Attachment: _____

Form: Duplication of Dental Records

Date: October 1995 Revised: July 2001, July 1007, December 2012

Approved by:  Date: 5/1/13

Policy Statement:

To allow patients access to their dental records.

Purpose:

To allow other providers and patients access to their dental records, and the Ne-Ia- Shing dental clinic the ability to keep the original record.

Procedure:

Patient may request for duplication or release of dental records and radiographs. The patient has to sign the Authorization for use or disclosure of protected health information (IHS-810). Records cannot be released until form is signed. No fee will be charged to the patient for the initial duplicate.