UNIVERSITY OF MINNESOTA
Driven to Discover

UNIVERSITY OF MINNESOTA | DIVISION OF ORTHODONTICS | RELEASE OF RECORDS

STEP 1: ENTER PATIENT INFORMATION:

Patient Name (Last, First, and MI):	Phone:	Date of Birth (MM/DD/YYYY):

STEP 2: SELECT DESIRED SERVICE: ☐ Dental X-rays ☐ Dental Photographs ☐ Dental Progress Notes

STEP 3: ENTER WHERE YOU WOULD LIKE THE INFORMATION SENT:

☐ **SEND BY MAIL TO** (5-7 business days)**:** **$15**

Name: _____

Address: _____

Suite/Apt #: _____

City/State: _____

Zip Code: _____ Phone: _____

☐ **SEND BY EMAIL TO** (2-3 business days)**:** **NO FEE**

Name: _____

E-mail: _____

☐ **PICK UP** (5-7 business days)**:** **$15**

(6th Floor Orthodontic Desk)

STEP 4: SIGN BELOW: (PATIENT OR LEGAL GUARDIAN SIGNATURE)

I understand the following:

1. The information to be released may include protected health information, such as behavior and/or mental health care, the presence of a communicable or non-communicable disease and genetics.
2. I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
3. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the federal law.
4. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization.
5. This authorization will expire 1 year from the date signed below.

By signing below, you agree that you understand and accept the terms on this form. You give the University of Minnesota Division of Orthodontics permission to have your records copied, picked up, mailed or electronically sent to the party indicated above.

SIGNATURE: _____ **DATE:** _____

STEP 5: SUBMIT THE SIGNED RELEASE FORM (AND PAYMENT IF APPLICABLE) IN ONE OF THESE WAYS:

MAIL:	**FAX OR EMAIL:**	**DROP OFF:**
University of Minnesota Division of Orthodontics 515 Delaware Street S.E. - Room 6-332 Minneapolis, MN 55455	Fax: 612-626-2571 E-Mail: umortho@umn.edu	Moos Tower (School of Dentistry) 6th Floor Orthodontic Front Desk

PAY BY MAIL: check only. PAY BY PHONE: (612-625-6444) credit card only. PAY IN PERSON: cash, check, or credit card at Orthodontic front desk.

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