

Patient Authority to Release Dental Records

Brisbane Smiles

Level One, 31 Sherwood Road, Toowong Qld 4066

Phone 07 38703344 info@brisbanesmile.com.au

I, (patient name) _____ DOB: _____,

Of (address) _____,

Request a copy of my dental records / a summary of my dental records (including dental radiographs and photographs)

Be released by __ (practice name) _____,

I wish a copy of the records by:

- Given to me personally
- Posted to me at the following address by Express Post and marked 'personal and confidential'

- Emailed to me at: _____
- Emailed to my treating dental practitioner at: info@brisbanesmile.com.au

In requesting a copy of the records, I understand that;

- the records will be emailed/posted to my nominated address,
- receiving by email may not be as secure as receiving the records personally or by post,
- the practice accepts no liability for the records once they leave the practice,
- the practice accepts no liability for the records if they are accessed by unauthorised persons during transit or in any manner whatsoever without limitation,
- I can ask for the copy of the records to be provided to me personally or by post if I am sufficiently concerned about email security,
- I will acknowledge receipt of the records once received.

Signed __ (patient signature) _____

Date __ (date) _____