## Authorization to Duplicate Protected Health Information



Please complete the form below to request copies of patient X-rays and/or records from Willamette Dental Group. Secure electronic transfer of records is available free of charge. Printed copies incur fees as outlined below. Applicable payment is due at the time of request. Duplication of records will be processed promptly upon receipt of request and payment, if applicable. Persons over age 18 must sign this authorization for themselves. Thank you!

Who Is Submitting Th	is Request?					
<ul><li>Patient/Member</li><li>Other Authorized Req</li></ul>	Parent					
·						
Which Patient/Member	er's Information Are	You Reques	ting?			
Name:			DOB:	DOB:		
			<b>,</b>			
What Information Wo	uld You Like To Requ	ıest?				
Information Available		Secure Electronic Transfer		Prin	Printed / Hard Copies	
Treatment Notes / Perio Charting		☐ No charge			<b>□</b> \$10	
X-Rays		☐ No Charge			\$10	
Orthodontic Models		N/A			\$40	
Describe information reque	ested (if necessary):					
·	,					
For Secure Electronic	Transfer					
Please submit this comple			· · · · · · · · · · · · · · · · · · ·			
Instructions on how to use		downloaded fro	m: https://wdglink.com/s	secure-email-i	<u>nstructions</u>	
Where Would You Like The	ese Sent?					
Name:	Phone:		Email:			
	I					
For Printed / Hard Co	oies – Choose One o	f the Option	s Below			
_		-				
• • • • • • • • • • • • • • • • • • • •	s at local Willamette Denta	ai Group office.	Preferred Office:			
☐ Via U.S. Mail to:						
Name:						
Address:						
City:			State:		Zip:	
Phone:						
Pilone.						
Please submit this comple	ted form and payment vi	a mail to:				
Willamette Dental Group, A			nnus Way Hillshoro OR	97124		
Timamette Bentar Group, 7	Transcords Department	1, 0000 112 001	mpus tray, i missore, etc			
l authorize Willamette Dental Gro applicable, to duplicate, use or di						
request sent to Willamette Dental					-	
applicable. The patient/member, p	parent or authorized personal re	epresentative must	sign this Authorization.			
Signature	Print Name			Date		