



Release of Records

Child/Children's name(s): _____

Please provide me with copies of my child's dental treatment records. I understand that original records and x-rays are property of Villalon Callis Pediatric Dentistry and Orthodontics. **Rule 108.8** of the Texas Administrative Code requires the dentist to maintain original copies of all dental records. Patients, however, may request copies of records for a reasonable fee. I agree to accept copies and to pay reasonable fees for such copies.

Please check which records are requested:

- X-rays only: no charge – Will be ready within the next business day by 5pm
- Full records (this includes diagnostic x-rays and any other materials, notes or copies of medications prescribed.): \$50 – Please allow 7-10 business days
- Orthodontic records: \$45 – Please allow 7-10 business days (mail or pick up only, will be on a disc)

Reason for request (please check all that apply)

- 2nd Opinion
- Relocating
- New Insurance
- Dissatisfied
- Other _____

__Email* __Mail __ Pick up (Please provide information in the space below)

*PLEASE NOTE: Records sent via email do NOT meet HIPPA Privacy Rules standards. Patient information sent via email is not encrypted and may be accessed by a third party. Villalon Callis Pediatric Dentistry & Orthodontics assumes no liability if protected health information is accessed by a third party.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Signature: _____ Date: _____

__ **Parent** __ **Legal Guardian** __ **Patient (if NOT a minor)**

