

## PEDIATRIC DENTISTRY OF SUNSET HILLS

3555 Sunset Office Dr. Ste 210 - Sunset Hills, MO 63127 - (314)822-2764



Craig Hollander, M.S., D.D.S.  
Mark Fernandez, D.D.S.  
Daniel M. Autry, D.M.D.  
Emily M. Price-Brown, D.D.S.  
Wm. Gerald Albrecht, D.D.S.

### Authorization for Release of Medical Record Information

[Please read carefully in order to avoid delays]

- Before submitting this information, please first contact our office and speak with the **Records Custodian** to insure that your child's record transfer goes well. She will give you the specific fax number to send your completed records transfer request. Limiting your conversations to the Records Custodian will help avoid confusion or delays. She is the best person to take care of you. (not applicable if request is coordinated through checkout staff)
- We really do care about our patients, both past and present, and protecting our patients and families against harm is an important duty. Identity theft and other criminal activities seem to be on the increase and in an attempt to protect our patients; **we are requiring governmental identification before releasing any patient records.**
- Acceptable government issued identifications are a current Missouri driver's license, a Missouri ID card or a US Passport. Most parents/guardians use a current Missouri Driver's license, but out of state licenses will be usually be accepted. **Please make a copy of the front of the photo ID** and fax or scan and e-mail it along with your records transfer request. (our check out staff will make a copy of photo ID provided & attach to the signed release form)
- Please, **do not walk into the office without notice.** We will not leave scheduled patients who are in our dental chairs to duplicate records. We owe the patients who are in our office being treated the courtesy of attending to their care.
- It usually takes from **three days to a week** to have records duplicated and another three to seven days for the US mail to get to the new dentist's office. Parents/Legal Guardians-please be sure to allow our staff ample time to transfer records to avoid having to reschedule an upcoming appointment with new dentist/doctor.

To request release of dental/medical information from Pediatric Dentistry of Sunset Hills to another office or individual, please complete and sign this form and return it by fax, e-mail, or mail it to:

**PEDIATRIC DENTISTRY OF SUNSET HILLS**  
**3555 SUNSET OFFICE DRIVE SUITE 210**  
**SUNSET HILLS, MO 63127**

Patient Name (Last, First, MI) \_\_\_\_\_

Patient Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Legal Guardian Home Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Responsible Party requesting release of records- (please circle one):**

**Mother      Father      Step-Mother      Step-Father      Grandparent      Other**

If other, please explain: \_\_\_\_\_

**Which Doctor was your child under the care of (please circle one):**

**Dr. Craig Hollander   -   Dr. Mark Fernandez   -   Dr. Dan Autry   -   Dr. Emily Price   -   Dr. Gerald Albrecht**

**Purpose of Release (please circle one)**

**AGE                      LOCATION                      MOVING                      INSURANCE (out of network)                      OTHER**

If other, please explain: \_\_\_\_\_

**Please send Medical and or Dental Record Information to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

I hereby authorize Pediatric Dentistry of Sunset Hills to release the medical information as requested above. I am aware that Pediatric Dentistry of Sunset Hills cannot control how the recipient uses or shares the information, and that laws protecting its confidentiality at Pediatric Dentistry of Sunset Hills may not protect this information once it has been disclosed to the recipient. I understand that Pediatric Dentistry of Sunset Hills may charge a small fee, in accordance with Missouri Statute 191.227, to provide a copy of the medical and dental information. Child's medical records to be released to parents assessed, when, RS Mo 452.375 (parent assigned full or primary physical custody of child in reference-will be entitled as the recipient of the records release information.)

Information will not be released without a valid signature below. I can however, cancel this authorization in writing at any time. I understand that Pediatric Dentistry of Sunset Hills will continue to provide care, even if I do not authorize this release.

Patient signature is required for patients who are 18 years or older, or who have emancipated minor status, or a special condition as defined by law. Parent or legal guardian signature is required for patients under age 18 without emancipated status of a special condition.

\_\_\_\_\_  
Parent or Guardian Name (PLEASE PRINT)      Relationship to Patient      Signature of Parent or Guardian      Date

\_\_\_\_\_  
Patient Name (PLEASE PRINT)      Patient Signature      Date

*In accordance to Missouri law all original records remain the property of the Pediatric Dentistry of Sunset Hills but patients are entitled to access to copies of records. MO Code 191.227*

**Please make a copy of this release for your records.**