



RELEASE OF RECORDS REQUEST

California Health & Safety Code Sections 123100-123149.5 allow healthcare providers to charge, in advance, payment (in cash or money order only) a fee of \$35.00 for all records requested and release. The California Health & Safety Code allows a provider up to fifteen (15) days to provide all requested and released patient records. Copies of the relevant California code sections are available for review upon request.

Golden Coast Dental Care will release a copy of your most recent x-rays at no cost to you. However, there will be a charge for any other portion of your records, in accordance with California law.

Request Date: _____

PATIENT INFORMATION

Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ Email Address: _____

Date of Birth: _____ Last four (4) digits of SSN: _____

RELEASE OF RECORDS

I hereby request copies of my records, to the individual via the method indicated below, to be released from Golden Coast Dental Care, Brock Lorenz Dental Corporation.

Release records to: ☐ Patient ☐ Other:

Method: ☐ In Person ☐ Via US Mail ☐ E-mail

If records are to be released to someone other than the patient identified above, please complete the following:

Name of person to whom records are to be released: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Signature of patient or Legal Guardian

Printed Name

Relationship to patient

Administration Only:

Amount due: \$ _____ ☐ Paid ☐ Unpaid

Administrator Signature: _____