

Copperfield Family Dental Request for Access

8846 S Redwood Rd #N201

West Jordan, UT 84088

(801) 566-0631

Patient Name (print): _____

Date of Birth: _____ (for identification purposes)

Describe the records you wish to access and the approximate dates of the records: _____

What would you like for us to do for you?

Our records are digital and can be sent electronically through our patient portal only. We can also print a copy and send in the mail if desired. Please note: if you would like your records, a member of our office will contact you via telephone to confirm you are requesting the records. Also for electronic records, we will contact you to give you, your user name and password to the patient portal.

- I wish to see the requested records
- I wish to get a copy of the requested records (electronically through the patient portal)
- I wish to get a copy of my 3D imagining and I agree in advance to pay a fee in the amount of \$30 (for copying) *NOTE: 3D imaging can only be picked up in the office it can not be mailed or sent digitally.
- I wish get a copy of the requested records mailed to me. Please send to:

Name: _____

Address: _____

We do not recommend sending patient information in an unencrypted email because third parties may be able to access the email.

Questions: Please contact our office if you have any questions about your request to inspect or copy records.

If the request is by a patient:

Patient: _____

Signature: _____

Date: _____

If the request is by a patients personal representative:

Print the Name of the Personal Representative: _____

I certify that I have the legal authority under federal and state laws to make this request on behalf of the patient identified above:

Signature: _____

Date: _____

Relationship to Patient: _____

For dental office use only:

Request for access denied (attach written denial).

Request for access approved

If approved, describe below when and how access was provided. If an electronic copy was provided, describe the form and format of the electronic copy.

Staff Member Initials: _____