

Transfer of Patient Record Consent Form

Pursuant to Section 32 of the Health Information Protection Act, I have the right to obtain access to personal health information about myself that is contained in a record in the custody or control of a trustee.

Pursuant to Section 34(1) of the Health Information Protection Act, I may, in accordance with the regulations, make a written request for access to personal health information about myself that is contained in a record in the custody or control of a trustee.

Pursuant to Section 36(1) of the Health Information Protection Act, after receiving a written request for access, a trustee must respond to the request in one of the following ways:

(a) by making the personal health information available and providing a copy, if requested, to the applicant.

I _____ (patient name) request and
authorize the original trustee _____ (dentist name) at

_____ (dental facility)

to transfer a copy of my dental records including radiographs to a new trustee,

_____ (dentist name) at

_____ (dental facility)

_____ (patient signature) _____ (date)

Date Sent: _____ Original Dentist Facility Signature _____

Method of Transfer: In Person _____ Mail _____ Courier _____ Other _____

Date Received: _____ New Dentist Facility Signature _____

1. Original trustee dentist facility keeps a copy of this form when record is sent.
2. Receiving new trustee dentist returns signed copy of this form when record received.
3. Original trustee dentist facility should document in patient record "the transfer of personal health information records with consent to a new trustee pursuant to HIPA Sections 32, 34, and 36".