

**IMPORTANT INFORMATION FOR OUR PATIENTS
ABOUT PATIENT RECORDS RELEASE AND DUPLICATION POLICY
PLEASE READ AND SIGN THIS DOCUMENT**

Gateway Dental Centre is dedicated to a long-term relationship with our patients. When this relationship is interrupted because of a change in your insurance coverage, relocation to another area or for other reasons, we are happy to forward copies of your dental health records to your new dental office.

Washington State Law provides for the release of copies of the patient health care record upon receipt of a written request and signed authorization from the patient. Such records must be made available to the patient no later than fifteen (15) days from receipt of the written request from the patient. Washington State Law further provides for application of fees for the duplication of records. The Washington State Legislature has determined these fees. The patient is responsible to pay these fees prior to release of the records. Insurance benefits do not apply for the release of patient health care records.

Gateway Dental Centre is fully compliant with Washington State Regulatory Code mandates. Pursuant to RCW 70-02-070 and as defined in the regulations our fees are as follows:

- \$19.00 Clerical Fee (For Searching and Handling)
- \$10.00 Dentist Review and Edit Fee
- \$ 2.00 Certification of Record Fee
- \$.83 per page for the first thirty pages of records (please note that most patient records consist of ten pages).
- \$.63 per page for pages in excess of thirty pages

The average fee for duplication and transfer of patient health care records is \$39.30 per patient record. This fee may increase for records of larger content.

Should it become necessary for you to transfer to leave our practice, an **Authorization to Release Health Care Information** form is available through Gateway Dental Centre. To obtain a copy of this document, please call our office at (206) 343-8929. Please note that the Health Insurance Portability and Accountability Act (HIPAA) requires that each individual adult patient sign a separate authorization for release of patient health care records. Parents may sign for their minor children. Further, HIPAA prohibits our employees from verbally disclosing any information about components of your records to another health care office. We may not disclose information about the patient health care record to anyone except the patient.

Your signature indicates that you have read this policy statement in its entirety and that you understand the policy. Please ask an administrative staff member if you would like to have a signed copy of the policy.

Signature

Date

Copy Provided to Patient: yes no

NOTE: PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, THIS IS A PROPRIETARY DOCUMENT THAT CONTAINS PROTECTED HEALTH INFORMATION. THIS DOCUMENT MAY NOT BE VIEWED BY PERSONS FOR WHICH THE INFORMATION APPEARING HEREIN IS NOT LEGITIMATE JOB RELATED INFORMATION ASSOCIATED WITH RENDERING HEALTH TREATMENT OR APPROPRIATE ADMINISTRATIVE SUPPORT TO THE PATIENT. HIPAA/DUPLPOLICY/03/04/2003 8:28:39 AM