UNIVERSITY OF NEW ENGLAND
WESTBROOK COLLEGE
OF HEALTH PROFESSIONS
Department of Dental Hygiene

Patient Request for Release of Dental Hygiene Records

The fee for the release of records is $5 electronically or $10 encrypted flash drive. Payment may be made with cash, check, debit card, Visa, or Mastercard. NO AMERICAN EXPRESS. Upon receipt of the completed form and payment, record release may take up to 21 days.

Date: _____

Individual/practice to whom records are to be released, if not yourself:

Name:_____

Address:_____

Phone Number:_____

Select the format for the release of your records (select one):

☐Treatment notes only

☐X-rays and treatment notes to be added to encrypted USB flash drive

☐X-rays and treatment notes to be sent electronically via encrypted email to:

Email Address:_____

Phone Number of Provider:_____

X-rays taken and date:_____

I, (patient or guardian name)_____ authorize University of New England Dental Hygiene Clinic to copy and release to me or the following individual, a copy of my records.

☐I do NOT authorize disclosure of substance use disorder records

Printed Name (Patient or Guardian name) _____

Patient Mailing Address: _____

Patient Date of Birth ____/____/____ Patient Telephone Number: _____

Signature:_____

Patient of Legally Authorized Representative

Send completed form and payment to: University of New England Dental Hygiene
716 Stevens Ave. Portland, ME 04103
Or fax completed form to: 207-221-4889 or email to dentalhygieneclinic@une.edu