

Authorization for the Release of Dental Records

California

I hereby authorize Arthur N. Yamasaki, D.D.S., DDS to release the information
in the dental record of _____ (patient's name) to

(name of dentist, physician, clinic, or patient's representative)

(address)

Any and all information may be released including, but not limited to, mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV test results, if any, except as specifically provided below.

[Optional: I understand and agree to pay a reasonable charge to cover the cost of the transfer, as allowed in Health and Safety Code §§123100 *et seq.* and Evidence Code §1158.]

This authorization is effective now and will remain in effect until _____ (date).
I understand that I may receive a copy of this authorization.

Signature

Date

If not signed by the patient please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient