



**Instructions for completing the Authorization for Disclosure of Health Information:**

1. Please complete all sections of the Authorization for Disclosure of Health Information
2. The patient or legally authorized representative must sign and date the form. Generally, only a patient may authorize release of his/her medical information.

**Exceptions to the rule are as follows:**

- a. Authorization of Minors – If the patient is a minor (under 18 years of age), the authorization must be signed by a parent or legal guardian
- b. Emancipated minors – An emancipated minor is a minor under the age of 18, who is or has been married or has bene pregnant or who is a high school graduate. Emancipated minors can authorize release of their medical information.
- c. A minor who has been diagnosed with a venereal disease, a substance abuse problem or was treated to determine pregnancy may consent to treatment of that disease or condition and may authorize release of medical information related to that disease or condition.
- d. Authorization after death – An authorization must be signed by decedent’s estate, or in the absence of an executor, the next of kin responsible for the disposition of the remains may give consent for the release of medical information.
- e. Authorization of incompetent patient – If the patient is deemed incompetent, then the patient’s legally authorized representative must sign the authorization for release of information.

**Penn Dental reserves the right to request proof of representation.**

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**Penn Dental Medicine Records Department:**

**Penn Dental Medicine Records Department  
240 S. 40<sup>th</sup> Street, LL 102  
Philadelphia, PA 19104-6030**

**Phone: (215) 573-3580; Fax: (215) 573-3069; E-Mail: [records@dental.upenn.edu](mailto:records@dental.upenn.edu)**

**Please Note:**

1. Records requests cannot be filled on the same day.
2. Your request may take 5-7 business days to process.
  - a. E-mail is the fastest method to receive records, but e-mail is not considered a secure form of communicating patient health information (please read the **Important** notice on the first page of this Authorization).
  - b. Hard copies (paper or CD) may take up to three weeks to receive due to the high volume of campus-wide mail.
3. PDM will charge for records in accordance with a schedule of fees established by applicable state law.
4. If the patient has Medicaid, there is no fee. Please provide a copy of the front and back of your insurance card.
5. X-rays and Records will be printed on a CD unless printed copies are specifically requested.
6. Payment Options: The flat fee for records is \$6.50
  - a. **Cash:** In person only.
  - b. **Credit Card:** All credit card payments must be made in person or by phone. Please call our billing office at 215-746-4675 to pay by phone.
  - c. **Check:** Make payable to: PENN DENTAL MEDICINE
7. Records released may contain information and images created and prepared by third parties not under control of PDM. PDM is not responsible for the content, accuracy or review of any such records.
8. PDM may deny this request under limited circumstances as provided for under federal law. PDM will notify you if it denies your request to access or obtain a copy of the requested information. If PDM denies this request, you may have the right to have a denial of your request reviewed by a licensed health care professional. To request such a review, please contact the University of Pennsylvania Chief Privacy Officer at the following address:

Penn Medicine  
Office of Audit, Compliance and Privacy  
3819 Chestnut Street, Suite 214  
Philadelphia, PA 19104

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PLEASE DO NOT WRITE BELOW THIS LINE

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Record # \_\_\_\_\_  
Date: \_\_\_\_\_

Processed By: \_\_\_\_\_