



Consent to Release General Health Record

(Written authorization is required by Alabama and Federal law)

I _____, hereby authorize, per Alabama statutes and HIPAA, the office of Whatley Endodontics to release my General Health Records to:

I understand that certain statutory charges apply to the copying of health records and radiographic images. I agree to pay these costs prior to receipt of the requested records. Further, I agree to hold Jenny Whatley, DDS, MSD and Whatley Endodontics harmless for the contents, additions, omissions, or disclosures contained in my health records.

I specifically request the following:

- Photocopies of my health records excluding radiographic images.
- Photocopies of my health records including radiographic images.
- Other: _____ (please specify).

Patient Signature

Date

Notary (if request by mail)

Consent to Release Sensitive Health Record

I further authorize the release of any and all of my "sensitive" health records as are defined under Alabama statute. (Required by law to insure complete record transferred)

Patient Signature

Date

Notary (if request by mail)