

**Lima Community Dental- Risolvato, Inc.**  
**1702 Allentown Rd**  
**Lima, Ohio 45805**  
**419-222-0693**

PATIENT RECORD REQUEST

I hereby authorize Lima Community Dental to forward my dental records, including x-rays to:

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Address \_\_\_\_\_

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Patient Telephone \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Why patient is transferring \_\_\_\_\_

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(Office use only) Staff Signature \_\_\_\_\_ Mailed on \_\_\_\_\_

**NOTICE:** Although HIPPA regulations state that information disclosed may be subject to redisclosure by persons receiving it and is not protected by the federal privacy regulations, this information is protected by federal confidentiality rules (42 CFR Part 2) which states "This information had been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure unless further disclosure is expressly permitted by the written consent of the person whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for release of information medical or other information is NOT sufficient for the purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse client"