



BRIGHT TIGER DENTAL

## BRIGHT TIGER DENTAL RECORDS RELEASE FORM

### CONSENT TO COMMUNICATE PROTECTED HEALTH INFORMATION BY EMAIL

I expressly permit Bright Tiger Dental to communicate my Protected Health Information (“PHI”) via email to the e-mail address indicated on my patient registration form, patient record, and this Records Release Form. PHI includes all individually identifiable health information, including demographic data, medical histories, test results, insurance information, and other information gathered, generated, or used by Bright Tiger to identify a patient, provide healthcare services, or determine healthcare coverage. This release also applies to any e-mail that Bright Tiger Dental may send to my referring or subsequent dental/medical providers which may contain my PHI.

### E-MAIL RISKS AND YOUR RESPONSIBILITY

If you agree to permit Bright Tiger Dental to use e-mail to communicate your PHI, you should be aware that the internet is not secure or private, and unauthorized people may be able to intercept, read and possibly modify the e-mail sent by Bright Tiger Dental.

### ACKNOWLEDGMENT AND AGREEMENT

Bright Tiger Dental will use reasonable means to protect the privacy of the patient’s health information. However, because of the risks outlined above, we cannot guarantee that e-mail will be confidential. Additionally, Bright Tiger Dental will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail or otherwise misuses your PHI or other sensitive information.

By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail between Bright Tiger Dental and me, and consent to the conditions set forth in this Records Release Form. Any questions I may have had were answered. I understand that this consent is valid for one-year from the date below or until such time as I revoke the consent in writing to Bright Tiger Dental. The revocation of this consent will not have any effect on any information released before revocation, including any action taken by the individual or entity that received the protected health information pursuant to your consent.

**Your signature on this form indicates you are giving permission for Bright Tiger to provide your PHI to the person or entity named below. Absent clear prior written instructions otherwise, all PHI in the possession of Bright Tiger will be provided to the person or entity named below.**

**All fields must be completed below to release records.**

Records Requested:      X-Rays              Clinical Notes              Statement/Ledger              HIPAA Authorization  
   Treatment Plan              Financial Agreement

Patient information and signature:

Person or Entity to whom your records may be provided:

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

Printed Name \_\_\_\_\_

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

Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date \_\_\_\_\_

Please email the completed form to [records@brighttiger.com](mailto:records@brighttiger.com).