STECKELBERG DENTAL

Melanie A. Steckelberg, D.D.S., P.C.

Instructions for completing *Release of Confidential Information* form for Steckelberg Dental, the practice of Melanie A. Steckelberg, D.D.S., P.C.

Please complete this form, including your new dentist's information.
Standard information that is sent to a new dental office is: dental treatment notes, last set of BWX xrays.
If your most recent xrays were taken in 2017 or earlier, those images are on film. If requested, we will send photographs of your most recent bitewing xrays, as well as the most recent panoramic or full mouth series xray via secure email. There is no charge to send photographs of our most recent xrays (4 BWX and PANO or FMS) to your new dental office. This is the standard way of communication.

Please send completed form via email or USPS to:
Steckelberg Dental
3201 S. 33rd St., Ste. A
Lincoln, NE 68506
If you need the information sooner than 30 days, please email the completed form to: billing@steckelbergdental.com Please include a message with your requested date of receipt, we will do our best to accommodate reasonable requests.

X-RAYS

We are no longer able to send hard copies of film xrays. If your most recent xrays were on film, the format available is:

(1) photographs taken of your xrays on a viewbox (no cost to you for the most recent BWX and FMS or PANO – sent via secure email)
OR
(2) photographs taken of your xrays on a viewbox , more than the xrays listed above (charges will be assessed – this is a laborious process and will require a quote)

Please find out if your new dental office needs more than the most recent BWX and FMS or PANO. This saves all parties involved significant time and resources.

If you request option 2 (above), we will charge you a reasonable cost-based fee for the cost of supplies and labor of copying/scanning/communication. We will charge no more than $20 handling fee for postage and no more than 50 cents per page copied. We will charge an hourly rate to cover labor and materials for option 2. If you would like complete chart x-rays to be sent to your new dentist, payment for that service must be received **before** we start the duplication process. *Please allow 4 weeks for processing*. Thank you.

Dr. Melanie Steckelberg personally reviews every request, and will authorize a staff member to send your records. Staff members do email photographs of xrays and communicate directly with your new dental office. If a request is made during an office shutdown or vacation, processing may take longer than the allowed 30 days. You will be notified if a processing delay is anticipated, which could delay the records another 30 days. This would be a rare occurrence, should it occur.

Please call us with any questions at (402) 489-7800.

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Melanie A. Steckelberg, D.D.S., P.C.

I,_____ hereby request and authorize
Printed Name of Patient

Melanie A. Steckelberg, D.D.S., P.C. and the office of Steckelberg Dental to disclose and provide copies of any and all clinical treatment records and information concerning my care, which is in the possession of this person or entity to:

_____
(Name of new dentist, specialist, etc.)

_____
(Address)

_____
(City) (State) (Zip)

_____
(Phone number)

_____
(email address)

Our office sends Patient Clinical Chart Notes and xrays via secure electronic mail. *If your new dental office requests that records are sent in a format other than secure electronic mail, we will need your written authorization to send your records in a format that is not HIPAA compliant.*

These records include, but are not limited to: personal patient information, medical and dental histories, examination records, radiographs, clinical photographs, treatment plans, models and other related materials.

I expressly release from liability the above named person or entity from any and all liability arising from compliance with this request and disclosure of the requested information.

Signed:

_____ _____
(**Signature** of Patient or Guardian (must be 19 years old)) (Date)

_____
(**Printed Legal Name** of Patient or Guardian)

STECKELBERG DENTAL R: _____ Dup: _____ Dsc:
OFFICE USE ONLY Snt: _____via