

NORTHERN ARIZONA BIOLOGICAL DENTISTRY

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Please print

Patient Name	Other Last Names	
Date of birth	Phone Number	Email Address
Street Address	City, State, Zip code	

Transfer of care is required due to the closing of my dental office. Therefore, I hereby authorize

Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103,

on behalf of **Northern Arizona Biological Dentistry, Dr. Barbara Ireland, 1645 S Plaza Way, Flagstaff AZ 86001** to execute one of the following:

Please select one of the following delivery options:

- Secure HIPAA approved electronic transfer to patient.
List your email address here _____
- Pick up disc, in person, at Morgan Records, 159 Frontage Road, Manchester, NH 03103. You will be contacted once chart is processed to set up pick up time.
- Disc mailed to home or dental office. There will be a **\$10 shipping charge prior to mailing**. We mail USPS Certified Return Receipt. List address here:

I, _____, am the patient or legal guardian who has authorization to release the above dental records. Any facsimile, copy, or photocopy of this release will be valid for 90 days and shall authorize you to forward my dental records. This form gives you permission to share my private information obtained from this facility. Only records from this facility can be legally released. Any records from other dental offices must be obtained from them directly.

Please note: a \$25 records management fee is requested to process and deliver your dental records.

Payment Options:

- **CREDIT CARD** – visit our website at MorganRecordsManagement.com to pay online
- **CHECK** - please mail your completed authorization form with an attached check or money order made payable to Morgan Records Management LLC, to 159 Frontage Rd, Manchester, NH 03103.

Patient or Legal Guardian Signature	Date
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Your completed authorization form may be faxed to 603-509-3987, emailed to MHurley@MorganRM.com, or mailed to Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103.

