



Dental Records Release

Authorization for Use and Disclosure of Protected Health Information (PHI)

The information CPDO keeps about you/your child is called protected health information (PHI). This form gives CPDO permission to use or disclose your/your child's PHI to the person or company you name

I, _____ give Cumberland Pediatric Dentistry and Orthodontics permission to release the following dental records relevant to dental treatment, or copies of such, and request that they be transferred to: (Please include name, address, email, and phone number)

Patient Name:	Date of Birth:
1.	
2.	
3.	
4.	

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Send by: mail email pick up
 Would you like us to inactivate your account? yes no

Parent/Guardian Signature: _____ Date: _____

When form is complete, please email or fax to your office:

- Clarksville • clarksville@cumberlandsiles.com • (931) 221-0052
- Columbia • columbia@cumberlandsiles.com • (931) 505-8118
- Cookeville • cookeville@cumberlandsiles.com • (931) 854-1706
- Cool Springs • coolsprings@cumberlandsiles.com • (615) 861-8790
- Lawrenceburg • lawrenceburg@cumberlandsiles.com • (615) 766-6920
- Murfreesboro • murfreesboro@cumberlandsiles.com • (615) 203-3896
- Smyrna • smyrna@cumberlandsiles.com • (615) 220-6116
- White House • whitehouse@cumberlandsiles.com • (615) 672-7211