

Snoqualmie Valley Kids Dentist
34929 SE Ridge St. #220
Snoqualmie, WA 98065
Ph: 425-396-1011
Fax: 425-396-1258



Authorization to Release Health Care Information

Patient's Name _____

Date of Birth _____ SSN _____

I request and authorize the office of Lawrence E. Mast D.D.S., Jenny Lee D.D.S., Cody Mast D.M.D at 2150 112th Ave. NE, Suite A in Bellevue, WA 98004 to release my health care information for the patient/patients named above to:

Name _____

Address _____

City, State _____ Zip Code _____

This request and authorization applies to:

Health care information relating to the following treatment, condition, or dates of treatment:

All health care information

Other _____

I understand that my express consent is required to release any health care information relating to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and /or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing or treatment.

Note: There could be a minimum \$15.00 records copying fee per patient. When the copy fee and this signed release are received, your records will be transferred to the above dentist.

Signature of patient or patient's authorized representative

Date Signed

Relationship or status if signed by anyone other than patient