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## **POLICY RE: MEDICAL RECORDS REQUESTS: POLICY AND PROCEDURE**

Revision date: 7/31/25

### **1. Purpose**

**Purpose:** Columbia Dental, P.C., is committed to implementing formal measures to outline the policy and procedures to provide medical records when requested by a patient or a patient's representative. The Policy has been drafted to ensure compliance with Federal and State regulations, as applicable, including HIPAA, and Connecticut General Statutes § 20-7c, among others.

### **2. Policy and procedure**

#### **Step 1: Requesting the Form**

The patient or personal representative can contact Columbia to obtain a HIPAA Request for Release of Patient Record – Protected Health Information (PHI) Form by:

- Downloading the Form from the Columbia Dental Website at: [Dentist Manchester CT | Columbia Dental](#)
- Contact Columbia Dental via Email at [Records@ColumbiaDental.com](mailto:Records@ColumbiaDental.com)
- Contact Columbia Dental via Fax at (860) 350-2022

#### **Step 2. Completing the Form**

The patient, or personal representative, can complete the Form with the following options:

- Complete the Form at any office of Columbia Dental, PC. with photo ID and proof of relationship, if applicable
  - The Office must verify and document the requesting patient's identity, and the Office will send it to [Records@ColumbiaDental.com](mailto:Records@ColumbiaDental.com)
- If a personal representative is signing the Form on the patient's behalf, proof of the relationship must be provided

- Patient completes the Form with notarization and attaches proof of relationship, if applicable, and can send the request through any of the above Methods in Step 1
- A non-notarized form with a copy of government-issued ID and or proof of relationship (if personal representative) is submitted
  - Columbia will conduct a patient identity verification, which may include a video conference with the patient and or personal representative, with some form of ID and/or proof of relationship

### **Step 3: Submitting the Form**

The patient or personal representative may submit the Form through one of the following options:

- Send electronically via email to [Records@ColumbiaDental.com](mailto:Records@ColumbiaDental.com)
- Send via Fax at: (860) 350-2022
- Send a hard copy through the United States Postal Service to:

Columbia Dental Medical Records  
483 Middle Turnpike West  
Manchester, CT 06440

Columbia reserves the right to charge costs for copying, postage fees, or fees as allowed under law. Before imposing any fees, Columbia will advise of the fees and will provide the responsive records upon receipt of payment.