Dear **[insert patients name]** 18 January 2016

**[insert practice name]** has received a request from **[insert name of insurer]** for a copy of your private dental records and associated financial information.

In the interest of your privacy and to ensure we are compliant with the Commonwealth Privacy Act (1988) and the Australian Privacy Principles, we will not release your dental records without explicit approval from you.

*While you may have authorised your insurer to investigate the validity of claims, we must stress that your records are your private information and recommend you seriously consider whether you wish for your private records to be made available as per* ***[insert name of insurer]****’s request.*

This request originated from your private health insurer to assist with their internal processes and claims information, without consideration that you may wish to keep your treatment history private.

**[insert your practice name]** will abide by your wishes as indicated by you making a selection below and returning this form to the practice.

Please ensure you sign and date below.

⃝  **No**, I’d rather keep my dental records private

⃝ **Yes**, I am completely comfortable with my dental records being supplied to the insurer and authorise you to release them.

Signature

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Date

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