



BOARD OF DENTAL EXAMINERS OF ALABAMA  
Stadium Parkway Office Center-Suite 112  
5346 Stadium Trace Parkway  
Hoover, Al 35244-4583  
PHONE 205-985-7267  
FAX 205-985-0674  
e-mail: bdeal@dentalboard.org

**Complaint Form**

**Please complete this form in ink or with a typewriter. If the information is not accurate please correct.**

Name of Complaining Person:

Main Address:

Mailing Address:

Main Telephone:

Alt. Phone:

Name, address, phone for dentist and/or hygienist that you are complaining about:

Name	Telephone		
Street	City	State	Zip

Write a detailed description of complaint. Include date(s), name(s), of witness(es) and documents, if any:

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Additional documentation enclosed (please circle):

NO

YES

Number of Pages \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Board of Dental Examiners of Alabama**  
**5346 Stadium Trace Parkway, Ste-112**  
**Hoover, Alabama 35244-4583**  
Phone (205) 985-7267 Fax (205) 985-0674

**AUTHORIZATION FOR RELEASE OF RECORDS**

TO: Custodian of Records

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient SSN: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

The undersigned hereby authorizes and approves the release to the Board of Dental Examiners of Alabama, or any representative thereof, any and all records and patients files in your possession which refer, relate or pertain to the above-referenced patient, including, but not limited to the following:

**Patient charts, x-rays, patient histories, health insurance claim forms, group claim forms, pre-estimates, pre-determinations, billing records, account information, invoices, checks, remittance notices, correspondence, notes, memoranda, letters, appointment notices or cards.**

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Witness

**Board of Dental Examiners of Alabama**  
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**AUTHORIZATION FOR RELEASE OF INSURANCE RECORDS**

TO: Custodian of Records \_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient SSN: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Contract No.: \_\_\_\_\_

The undersigned hereby authorizes and approves the release to the Board of Dental Examiners of Alabama, or any representative thereof, any and all records and patient files in your possession of any kind or nature which refer, relate, or pertain to the above referenced patient, including, but not limited to the following:

**Patient charts, x-rays, patient histories, attending dentist statements, group dental claim forms, pre-estimates, pre-determinations, billing records, account information, invoices, checks, remittance notices, correspondence, notes, memoranda, letters, appointment notices, cards.**

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Witness

“The Health Insurance Portability and Accountability Act of 1996 (Act) and the Rules promulgated by the Department of Health and Human Services pursuant to the Act permits disclosure of otherwise protected health information as defined in 45 C.F.R. §160.103 to a 'health oversight agency' without the written authorization of the individual as described in 45 C.F.R. §164.508 or the opportunity for the individual to agree or object as described in 45 C.F.R. §164.510. See 45 C.F.R. §164.512(d)(1). Specifically, this rule provides as follows:

'A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- (i) The health care system;
- (ii) Government benefit programs for which health information is relevant to beneficiary eligibility;
- (iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- (iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.'

A health oversight agency is defined in 45 C.F.R. § 164.501 as follows:

'Health oversight agency means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from a contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.”

Since the Board of Dental Examiners of Alabama is a health oversight agency which is authorized by law to seek this information pursuant to the Alabama Dental Practice Act, the disclosure of the requested information is permitted and does not implicate the Act or its rules.”