State of Arizona
Board of Chiropractic Examiners

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(AZ Relay Service)

Notice of Records Transfer

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response

1. Doctor's Name:_____License No:_____
   Last First MI

   Current Address of Patient Records:_____

   City: _____State:_____Zip:_____

   Telephone :(_____)_____Fax: (_____)_____

2. Person Receiving/Accepting Records:_____
   Last First MI

   New Address of Patient Records:_____

   City: _____State:_____Zip:_____

   Telephone :(_____)_____Fax: (_____)_____

3. Reason for Records Transfer:

   ❑ Retiring ❑ No longer practicing ❑Relocation ❑ Death ❑ Other (Specify below)

4. Date of Anticipated Transfer:_____

§32-3211. A health professional must prepare a written protocol for the secure storage, transfer and access of the medical records of the health professional's patients. At a minimum the protocol must specify: 1. If the health professional terminates or sells the health professional's practice and the patient's medical records will not remain in the same physical location, the procedure by which the health professional shall notify each patient in a timely manner before the health professional terminates or sells the health professional's practice in order to inform the patient regarding the future location of the patient's medical records and how the patient can access those records. 2. The procedure by which the health professional may dispose of unclaimed medical records after a specified period of time and after the health professional has made good faith efforts to contact the patient. 3. How the health professional shall timely respond to requests from patients for copies of their medical records or to access their medical records

Signature of Current Doctor:_____Date:_____

Signature of Person Receiving/Accepting Records:_____Date:_____