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RECORDS CUSTODIAN ACKNOWLEDGMENT

RECORDS CUSTODIAN ACKNOWLEDGMENT AND ACCEPTANCE OF DUTIES

The undersigned records custodian acknowledges receipt of patient dental records from the above-referenced dental practice in connection with its permanent closure and agrees to:

- Maintain records securely in compliance with HIPAA, the Confidentiality of Medical Information Act (Civil Code §§ 56 et seq.), and all applicable California laws;
- Release records only upon valid written authorization or as otherwise permitted by law;
- Maintain records for required minimum retention periods;
- Provide patients reasonable access to their records.

Records Custodian Name: _____

Company Name (if applicable): _____

Address: _____

Phone / Email: _____

Authorized Representative Name and Title: _____

Signature: _____

Date: _____

STATUTORY AUTHORITY – RECORDS CUSTODIAN

- California Business and Professions Code § 1680
- California Civil Code §§ 56–56.37
- California Health & Safety Code §§ 123110–123149.5
- 45 C.F.R. Parts 160 and 164