



Medical Records Release

<input type="checkbox"/> Mail	<input type="checkbox"/> Pick Up
<input type="checkbox"/> Fax	<input type="checkbox"/> Email

Date Payment Received: _____
Date Processed: _____
Processed by: _____

Authorization to Disclose Protected Health or Billing Information

***The fee for paper copies/handling is \$20 per child and a total of \$50 for 3 or more.
You will be prebilled for your requests.**

I give my permission to release the health information of:

Patient Name _____ DOB _____

Street Address _____

City/State/Zip _____ Phone(_____) _____

Release Information From:

Release Information To:

Name	Name
Address	Address
Phone	Phone
Fax	Fax

<p>Purpose of Release (check all that apply):</p> <p><input type="checkbox"/> Insurance</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Changing Physicians (if so, please indicate the reason) _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Please send:</p> <p><input type="checkbox"/> Entire Medical Record <input type="checkbox"/> Growth Charts</p> <p><input type="checkbox"/> Psychiatric Notes <input type="checkbox"/> Immunizations</p> <p><input type="checkbox"/> Labs <input type="checkbox"/> Consultation Notes</p> <p><input type="checkbox"/> Specific Dates of Service _____ to _____</p> <p><input type="checkbox"/> Other: _____</p>
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I authorize the disclosure of medical information for the patient named above. I understand that this authorization is voluntary and may be revoked in writing at any time, unless the medical records have already been disclosed. I understand that this authorization includes consent for information that may include substance abuse, mental health, and HIV/AIDS. I understand that this authorization is valid for 12 months from the date signed.

Patient/Parent Name _____ Date _____

Patient/Parent Signature _____ Relationship to Patient _____

Electronic Signatures: Delivery of this agreement by facsimile, email or other functionally equivalent electronic means of transmission constitutes valid and effective delivery.