



**MEDICAL RECORDS REQUEST FORM**

**PATIENT INFORMATION** (Please Print Clearly):

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby authorize Pediatric Associates to release/ obtain all medical information with respect to the treatment of the above referenced patient, including information relating to diagnosis or treatment of mental illness or drug or alcohol abuse and/ or other sensitive information. **I understand that it may take up to 30 days to process this medical records request.**

**Described the Health Information to be released:** Service Dates: from: \_\_\_\_\_ to: \_\_\_\_\_

COMPLETE MEDICAL RECORD \_\_\_\_\_ IMMUNIZATIONS \_\_\_\_\_ OTHER \_\_\_\_\_

HISTORY and PHYSICAL \_\_\_\_\_ LABORATORY or OTHER TESTING RESULTS \_\_\_\_\_

**WHO HAS THE RECORD NOW:**

PHYSICIAN NAME: \_\_\_\_\_, MD.

OFFICE ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**THE RECORD IS TO BE RELEASED TO:**

PHYSICIAN: \_\_\_\_\_, MD.

OFFICE ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**TRANSFERRING CARE TO PROVIDER OUTSIDE OF PEDIATRIC ASSOCIATES? YES or NO**

PLEASE READ AND INITIAL: Any scheduled appointments beyond **30-days the receipt date of this request will be canceled.** I understand that it is my responsibility to notify Pediatric Associates if I will not be keeping any **appointments within the 30-day processing** of this records request. \_\_\_\_\_

**AUTHORIZATION:**

I understand that this authorization is valid for one year from the date signed and may be revoked in writing at any time.

I understand that if my medical record contains information in reference to drug and/or alcohol abuse, venereal disease, Hepatitis testing/treatment, psychiatric and/or other sensitive information, I agree to its release.

**Signature of patient or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I agree to have my records released including HIV (AIDS) testing/ treatment documentation.

Signature of patient or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_