

**Release of Medical Records Authorization
Medical Record Fee's Apply**

| | |
|---------------|------|
| Patient Name: | DOB: |
| Patient Name: | DOB: |
| Patient Name: | DOB: |

I request the patient's chart information to be sent to:

Company: _____

Attention To: _____

Address _____

City: _____ State: _____ Zip: _____

Phone (____) _____

Fax (____) _____

This transfer request is due to the following reasons:

| | |
|-----------------------|-------------------------|
| ____ Moving | ____ Dissatisfaction |
| ____ Insurance Change | ____ Other |
| ____ Legal | |
| New Address: _____ | |
| City: _____ | State: _____ Zip: _____ |

Information to be released:

| | |
|----------------------------|---------------------------------------|
| ____ Entire chart | ____ School Entrance Forms |
| ____ Lab Reports/Radiology | ____ Immunization record/Growth chart |
| ____ Correspondence | Special instructions: _____ |

I understand that this authorization shall be valid for 12 months from the date of signature unless I revoke this authorization through written notice to Pediatric Partners of VA, LLC- Associates in Pediatrics. I understand that the information used or disclosed may be subject to re-disclosure according to the guidelines of The Health Insurance Portability and Accountability Act.

Parent or Guardian Signature: _____

Printed Name: _____ Relationship to child: _____

Date Signed: _____

Request for Release of Mental Health or Substance Abuse Records.

____ Mental health, behavior, or psychological/psychiatric, substance abuse or other conditions

Parent or Guardian Signature: _____

Printed Name: _____ Relationship to child: _____

Date Signed: _____

I understand that this authorization shall be valid for 12 months from the date of signature unless I revoke this authorization through written notice to Pediatric Partners of VA, LLC- Associates in Pediatrics. I understand that the information used or disclosed may be subject to re-disclosure according to the guidelines of The Health Insurance Portability and Accountability Act.

Act.