

Sterling Pediatrics

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The new **HIPPA Regulations** makes your authorization mandatory in order to release pertinent medical and insurance information to sub specialists, laboratory or to our billing company Sterling Pediatrics, as necessary. **Please note** that our **privacy policy** has been made available to all our patients for review. Please review the document and sign the release form below.

I, the undersigned, have read and understand the privacy notice for Sterling Pediatrics, P.L.L.C.

Signed: _____

Dated: _____