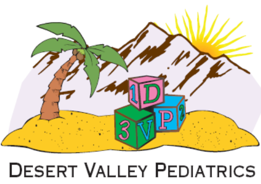

Phone (702) 260-4525
10105 Banburry Cross Dr. #370•Las Vegas, NV 89144
6850 N. Durango Dr. #406•Las Vegas, NV 89149
Fax (702) 869-0133

Authorization to Disclosure Protected Health Information (PHI)

-Patient Request

Patient Name: ____

Patient DOB: ______________________________ Social Security Number: __________________________

Address: _________________________________ City___________________ State _____ Zip ___________

I authorize the use or disclosure of the above named individual's PHI to be released as follows:

☐ All Medical Records ☐ Lab/X-ray ☐ Immunizations ☐ Other ____________________________________

Reason for Request:

☐ Medical Care ☐ Personal ☐ Insurance ☐ Attorney ☐ Other _________________________________

There will be a "Fee" of 60 cents per page when releasing records directly to a patient.

This request will not be processed without all of the following information completed.

Transfer Records From:

Name: ____

Address: _________________________________ City ___________________ State _____ Zip ___________

Phone Number: _________________________________ Fax Number: _______________________________

Send Records To:

Name: ____

Address: _________________________________ City ___________________ State _____ Zip ___________

Phone Number: _________________________________ Fax Number: _______________________________

Signature if Parent, Guardian or Personal Representative:

(If guardian or representative, attach supporting documentation and identification)

____ _______________________________________

Signature Date

____ _______________________________________

Print Name of Above Relationship to Patient

Within the limitations of the law, we will make every effort to accommodate your request and I understand that Desert Valley Pediatrics has 30 days to respond, however our goal is 3 to 5 days. Please contact the Medical Records Department if you have any questions at (702) 260-4525.