

TOWN CENTER PEDIATRICS

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Authorization for Release of Medical Records

Please allow 2-3 weeks for processing requests

PATIENT INFORMATION

Patient's Name: _____ Date of Birth: _____

Patients Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

RELEASE INFORMATION

Town Center Pediatrics is authorized to release medical records for the person named above to:

Name/Facility: _____

Address: _____

City, State, Zip: _____

Reason for release Insurance Transferring to a different practice
 Transfer due to age Moving

You must check one of the boxes below

\$50 Complete **printed** medical record.

\$30 "Abstract" **printed**.

\$20 "Abstract" USB flash drive. This can **only** be released to patient/parent. Patient's responsibility to make sure that new provider receives records.

"Abstract" contains all immunizations, past 2 years of office visits and labs, and 5 years of radiology, diagnostic reports and consultations. This is often sufficient to meet the needs when transferring to a new provider.

Records will be released once payment has been received

RELEASE OF SENSITIVE INFORMATION

Yes No ***you must check one for any type of medical record request***

I understand that the medical record may include information about sexually transmitted diseases, AIDS/HIV testing and results, domestic violence, sexual abuse, abortion, genetic testing, mental health services or treatment for alcohol and drug abuse, and I agree to its disclosure.

I understand that I have the right to revoke this authorization at any time, and I must do so by submitting a written request to Town Center Pediatrics medical records department. I understand that the revocation will not apply to information that has already been released based on this authorization. I understand that any disclosure of information carries with it the potential for redisclosure and the information may not be protected by federal confidentiality rules.

Signature of parent/legal guardian **OR patient if 18 years or older**

Date

Print name of above signature

Relationship to patient