

# Authorization for Release of Medical Information

I, \_\_\_\_\_, parent or legal guardian of:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone number: \_\_\_\_\_

hereby consent to the disclosure and release of medical records pertaining to (please circle):

Immunization history      All records      Other (please specify): \_\_\_\_\_

**TO:** Pediatrics by the Sea  
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**FROM:** \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The question of privacy between the physicians at the sending facility and my child(ren) is(are) waived. I fully understand that my child(ren)'s medical record or information maintained in connection with the date(s) of service may contain mental health, alcohol, and drug abuse, Human Immunodeficiency Virus (HIV) test results or Acquired Immunodeficiency Syndrome (AIDS) information. The medical records or information authorized to be disclosed by this release are privileged and confidential and may be disclosed only on my, or another legal guardian's authorization, except as required by law. Only such information believed to be necessary for the purpose expressed shall be released and disclosed. I may inspect and arrange for photocopies of the records that are disclosed. If another legal guardian, or I, refuses to sign this authorization, my child(ren)'s records will not be released.

This authorization is valid for one year from the signed date. I may revoke this authorization at any time (except to the extent that action has already been taken in good faith reliance on this authorization) by submitting a written revocation request to the releasing agency.

I understand that I am responsible for any charges incurred for the copying and production of these records.

Parent/Guardian Signature \_\_\_\_\_ Relationship: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY (circle/fill out as applicable)**

FAXED/MAILED on \_\_\_\_\_ by \_\_\_\_\_

STATUS CHECK on \_\_\_\_\_ by \_\_\_\_\_ : Received Not Received Will record request