

2240 West Park Place Blvd, Suite A Stone Mountain, GA 30087 770-771-5222 (ph) 770-771-5223 (f)

Authorization for Release of Medical Information

Patient's Name_____ Date of Birth_____

Address_____ City_____ State_____ Zip Code_____

Phone Number_____ Date of Request_____

☐ I authorize ABC Pediatric Group, P.C.
TO RELEASE INFORMATION TO:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone Number Fax Number

OR

☐ I authorize ABC Pediatric Group, P.C.
TO OBTAIN INFORMATION FROM:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone Number Fax Number

PURPOSE FOR THIS REQUEST (check one) Transfer of Care ☐ Healthcare ☐ Insurance Coverage ☐ Personal (release fee) ☐

TYPE OF RECORDS REQUESTED (check one)

☐ Immunization History ☐ Medical Summary (Includes: problem list, last well check, growth chart, medications, immunizations)

☐ Complete medical record ☐ Specific Treatment (select one or more, as applicable):

☐ Procedure Report ☐ History & Physical ☐ Physical Therapy ☐ X-ray Reports ☐ Lab Results

AUTHORIZATION VALID FOR: (check one)

☐ This request only

☐ One year from the date of this authorization. This authorization applies to the records of the treatment received on or prior to the date of this authorization.

I UNDERSTAND THAT:

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel this authorization at any time by submitting a written request to the address provided at the top of this form, except where a disclosure has already been made in reliance on my prior authorization.
- If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be redisclosed.
- Release of HIV-related information, mental health related care, or substance abuse diagnosis and treatment information requires additional authorization.

Signature of Patient or Representative _____ Date _____

Relationship to Patient (If requester is not the patient)_____