Authorization to Release Medical Information

Patient Information:

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Address: _____ Phone: _____

I hereby authorize Great Destinations Pediatrics, PC to **SEND** ☐ **RECEIVE** ☐ photocopies of medical records concerning the above-named patient(s) **TO/FROM**:

Practice/Company or person(s) authorized to release/receive records:

Name/Practice/Company: _____

Address: _____

_____

Phone: _____ Fax: _____

Email: _____

For the purposes of: _____

SEND RECORDS TO:

Great Destinations Pediatrics, P.C.
7757 W. Deer Valley Rd, Ste 275 Peoria, AZ 85382
Phone: (623) 878-2800 · **Fax**: (623) 878-9150
Email: Frontdesk@gdpeds.com

Records to be included *(check all that apply)*:

_____ All Medical Records _____ Immunization Records

_____Consult Reports (*Specialist Name(s)/type of specialty*) _____

_____ Labs, X-rays *(Date(s) of service)*_____

_____ Hospital/Urgent Care Notes *Date(s) of service*:_____

_____ The following information should **NOT** be released (*Please specify*): _____

In accordance with federal regulations, I hereby consent to the release of records pertaining to treatment/diagnosis of the following should records contain this information: Condition relating to drug and/or alcohol abuse, condition related to psychiatric/psychological treatment, AIDS/HIV, and communicable diseases.
This request will remain in effect for 1year from the date of this request. I understand that I may revoke this authorization at any time in writing except to the extent that action based on this authorization has already been taken. PLEASE ALLOW A MINNIMUM OF 14 BUSINESS DAYS FOR ALL MEDICAL RECORD REQUESTS.

_____ _____
Patient or legally authorized individual signature Date

_____ _____
Printed name if signed on behalf of the patient Relationship to patient.

STAFF ONLY:

_____ Verified Email _____ Verified DL _____ Employee #1 _____ Employee #2

Fax #1 _____ ***Fax #2***_____ ***Fax #3*** _____