

Sunrise Pediatrics, PA

Authorization for Release of Medical Information

Form with fields for patient name, birth date, street address, phone (home), city/state/zip code, and phone (cell).

I \_\_\_\_\_ do hereby authorize \_\_\_\_\_ to release:

\_\_\_\_\_ Last physical, immunization records, growth charts and medical summary. (Sunrise Pediatrics will do this for a fee of \$13)

-OR-

\_\_\_\_\_ ALL RECORDS From the time of \_\_\_\_\_ to \_\_\_\_\_ \*Please see fees associated below

\_\_\_\_\_ I do \_\_\_\_\_ I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

INFORMATION RELEASE TO: \_\_\_\_\_ Name of Company/ Agency/ Facility/ Person \_\_\_\_\_ Street Address \_\_\_\_\_ City, State, Zip Code

PURPOSE OF DISCLOSURE:

\_\_\_\_ Referral to Specialist \_\_\_\_ Insurance \_\_\_\_ Workers Comp \_\_\_\_ Change of Doctor \_\_\_\_ Legal investigation \_\_\_\_ Disability Insurance \_\_\_\_ Personal \_\_\_\_ Continuing Care

Other (Specify): \_\_\_\_\_

Please provide current daytime telephone number in the event we need to contact you: \_\_\_\_\_

I hereby authorize disclosure of health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to redisclosure by the person or class of persons or facility receiving the information and would then no longer be protected by federal regulations.

\_\_\_\_ Signature of individual or guardian or personal representative of patient's estate \_\_\_\_\_ Date:

IF PATIENT IS OVER 18, THIS RELEASE MUST BE SIGNED BY THEM

\*PLEASE NOTE: There will be a charge for records when requested for personal reasons or permanent transfer. \$10 base fee plus \$0.75 a page for pages 1-25. \$0.50 a page for pages 26-38. \$0.15 for pages 39+.