Pediatric Partners OF AUGUSTA

PATIENT REQUEST FOR MEDICAL RECORDS TRANSFER
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

PATIENT(S) INFORMATION

PATIENT NAME	DATE OF BIRTH / /	PATIENT NAME	DATE OF BIRTH / /
PATIENT NAME	DATE OF BIRTH / /	PATIENT NAME	DATE OF BIRTH / /
PATIENT NAME	DATE OF BIRTH / /	PATIENT NAME	DATE OF BIRTH / /

ADDRESS STREET CITY STATE ZIP CODE

I have been a patient of your office/facility (or am the patient's parent, guardian or authorized representative) and I understand that the practice/facility provider has legally protected health information about me (or the person I represent) that I wish to transfer.

PROVIDER THAT HAS YOUR RECORDS

I, _____ **hereby authorize the provider to release my records:**

PROVIDER NAME

ADDRESS STREET CITY STATE ZIP CODE

PHONE FAX

PROVIDER YOU WANT TO RECEIVE YOUR RECORDS

PROVIDER NAME

ADDRESS STREET CITY STATE ZIP CODE

PHONE FAX

Medical records to be release:
(please check all that apply)

- ❑ Entire medical record
- ❑ Radiology (x-ray, CT, MRI, etc.)(PPA Only)
- ❑ Immunization record
- ❑ Lab Results (PPA Only)
- ❑ Consultations (PPA Only)
- ❑ Other (specify):

For treatment dates from _____ to _____

- By signing below, I acknowledge that: I may revoke this authorization in writing, but it will not affect disclosures/transfers already in progress made with this authorization
- I may refuse to sign this authorization, and my treatment may not be conditioned on my signing of this form, unless the purpose of my treatment is disclosure to a third party (for example, a drug test for employment)
- I can receive a copy of this authorization upon request
- A photocopy or scanned image of this authorization may be used in lieu of the original
- I understand that recipients may not be subject to federal law and disclose information which I have authorized them to receive

Signature: _____ Date: _____

If signed by a personal representative of patient, print name and relationship to patient:

Name: _____ Relationship: _____

Please attach a copy of documentation of personal representation, e.g., Power of Attorney, Legal Guardianship.