



Center for Pediatric Medicine

107 Newtown Rd, Suite 1-D
Danbury, CT 06810
(203) 790-0822
(203) 790-1808 (Fax)

New Fairfield Commons, 11 Route 37
New Fairfield, CT 06812
(203) 746- 3280
(203) 746-3423 (Fax)

Authorization for Release of Health Information

Patient _____ DOB ____/____/____
(Last name, First, MI)

Home Address: _____ Primary Number _____

Additional children for transfer:

1 _____ DOB: _____

2 _____ DOB: _____

I hereby authorize _____
Name of agency/ Person

Address _____ Phone- _____
Fax- _____

To release medical records to: **CENTER FOR PEDIATRIC MEDICINE PC, AT 107 NEWTOWN RD. SUITE 107 DANBURY CT 06810**

Information being requested (please check items below)

<input type="checkbox"/> Full Medical Record	<input type="checkbox"/> Immunizations/ Growth Chart
<input type="checkbox"/> Labs	<input type="checkbox"/> Specialist reports

Please **INITIAL** the items below for release:

_____ Psychiatric information _____ Drug/alcohol information _____ HIV- related information

I am making this request for transfer of my child's medical records for following reason:

Relocation Other reason/s: _____

*This authorization will expire: 90 days from date of this request **OR** other _____ **OR** until account paid, whichever is later.*
(Date)

This authorization may be revoked by me at any time by a written note to Center for Pediatric Medicine, P.C. except to the extent that action has already been taken. Refusal to authorize disclosure will in no way jeopardize your right to obtain present and future treatment except where disclosure is necessary for such treatment.

.....
Patient is a minor OR patient is legally unable to sign due to: _____

Print Name

Relationship to Patient

Parent/ Authorized Persons Signature _____ Date _____

Patient is of legal age

Patients Signature _____ Date _____

Disclosure Statement: this information is being disclosed to you from records whose confidentiality is protected by Federal and State Law. Federal and State law prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertain, or as otherwise permitted by law.