



# 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)

Patient \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last name, First, MI)

Home Address: \_\_\_\_\_ Primary Number \_\_\_\_\_  
 Additional children for transfer:  
 1 \_\_\_\_\_ DOB: \_\_\_\_\_  
 2 \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize CENTER FOR PEDIATRIC MEDICINE PC, AT 107 NEWTOWN RD. SUITE 107 DANBURY CT 06810 to release medical records to

Name of Agency/Person \_\_\_\_\_

Address \_\_\_\_\_ Phone- \_\_\_\_\_ Fax- \_\_\_\_\_  
 Name of agency/ Person \_\_\_\_\_

Information being requested: (please check items below)

<input type="checkbox"/> Full Medical Records	<input type="checkbox"/> Immunization/ 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: \_\_\_\_\_

\_\_\_\_\_ Relationship to Patient  
 Print Name

Parent/ Authorized Persons Signature \_\_\_\_\_ Date \_\_\_\_\_

**Patient is of legal age**

Patients Signature \_\_\_\_\_ Date \_\_\_\_\_

There is a charge of .45 ¢ per page (maximum charge of \$30.00)

Please note: CT law allows 30 days for transfer of medical records

**\*\*Please contact our Business office at 203-798-7661 to settle any open balances prior to transfer of medical records\*\***

**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.