

Center for Pediatric Medicine, PC

107 Newtown Road, Suite 1D

Danbury, CT 06810

203-790-0822

Fax: 203-790-1808

Authorization for Release of Health Information

Patient Name (Print) _____ Date of Birth _____

Patient's Current Address: _____

New Address, if applicable: _____ Daytime Phone _____

I hereby authorize CENTER FOR PEDIATRIC MEDICINE, P.C., 107 Newtown Rd, Suite 1D, Danbury, CT 06810

to release medical records to (Name of Agency/Person) _____

Address _____

Specific information requested: Whole Chart _____ Immunizations/ Growth Chart _____ Last Physical _____

Approximate dates of treatment _____

Please INITIAL the items below for release, if appropriate:

_____ Psychiatric Information _____ Drug/Alcohol Information _____ HIV-related information

I am making this request for transfer of my child's medical record because _____

This authorization may be revoked by me at any time by a written notice to the Center for Pediatric Medicine, P.C. except to the extent that action has already been taken.

This authorization shall expire:

90 days from date of this request **OR** other (specify/date) _____ **OR** until account is paid, whichever is later.

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's Signature _____ Date _____

Patient is a minor, or patient is legally unable to sign because _____

_____ Date _____
(Print Name)

(Signature of Authorized Person)

(Relationship to Patient)

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

****Please contact our Business Office at 798-7661 to settle any open balances prior to transfer of medical record****

Please Note: CT law allows 30 days for transfer of the medical record.

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 pertains, or as otherwise permitted by law