

AUTHORITY TO RELEASE RECORDS

I, _____ give my permission for the office of: *(check one box)*

OR

Pediatric Associates, PSC
2865 Chancellor Drive
Suite 225
Crestview Hills, KY 41017
(859) 341-5400 (phone)
(859) 578-3172 (fax)

To release my child(ren)'s complete medical records to: *(check one box)*

Medical Records may include notes by providers or other personnel, results, reports, correspondence, x-rays or other imaging films, billing claims, payment information, HIV testing or treatment for AIDS or related conditions, drug or alcohol abuse, drug or alcoholism related conditions, psychiatric/psychological conditions unless specifically excluded. Please list exclusions below.

Pediatric Associates, PSC
2865 Chancellor Drive
Suite 225
Crestview Hills, KY 41017

OR

Transferring **out** of Pediatric Associates? yes no

Reason for release:

- Moved in/out of geographic area
- Health insurance change
- Age of child
- Referral

Information to release:

- Entire Medical Record
- Records for date range _____
- Records related to _____
- Other: _____

Child(ren)'s names and birth dates:

Parent/Guardian name, address and phone number:

Signature of Parent/Guardian

Date

- Only requested information will be sent. Information is kept confidential and used only for medical reference only.
- Each patient is entitled to one copy of his or her medical records at no charge. Additional copies will be provided at a charge.
- This authorization will expire 90 days from when signed.
- Each patient may revoke this authorization at anytime by notifying Pediatric Associates in writing. Revocation does not affect any actions taken by Pediatric Associates before receiving revocation.
- Pediatric Associates may use health care information received for future health care transactions.
- Refusal to sign in no way affects treatment, payment, or eligibility for benefits.
- Disclosure of information carries with it potential for unauthorized disclosure and the information may not be protected by federal confidentiality rules.

Pediatric Associates Authorization

Date