

The following form may be printed. After it is completed and signed the parent or guardian, you may fax it to us at 770-475-1621 or you may bring it to our office.

North Fulton Pediatrics, P.C. Medical Record Release Form
AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, the undersigned parent/guardian, hereby authorize North Fulton Pediatrics, P.C. to

release copies of medical records for my child(ren) named below for:

<input type="checkbox"/> All medical records (fees incurred)	<input type="checkbox"/> School form only
<input type="checkbox"/> X-ray/Lab results only _____ dates	<input type="checkbox"/> 3231 Georgia immunization form
<input type="checkbox"/> Continuation of care (summary only of records)	<input type="checkbox"/> 3300 Georgia Hearing/Vision form
<input type="checkbox"/> Copy of immunization records only	<input type="checkbox"/> Other
<input type="checkbox"/> For the following date (s) of service, type of services, etc.: _____	

This authorization will expire on _____ (Expiration Date) unless I choose to revoke in writing prior to the expiration date.

Patient's name and date of birth

Patient's name and date of birth

Patient's name and date of birth

Patient's name and date of birth

Please send copies to:
(Parent or Guardian address)

The release of information to which I consent is for the following reason:

<input type="checkbox"/> Insurance change	Which insurance plan? _____	
<input type="checkbox"/> Specialist care	<input type="checkbox"/> Moving in state	<input type="checkbox"/> Moving out of state <input type="checkbox"/> Other

If other please explain _____

I understand this authorization includes release of all medical records including HIV records, Psychiatric Mental Illness, Drug/Alcohol abuse records, Venereal Disease and any other statutory protected diseases. This authorization and consent will expire ninety (90) days following the date signed unless I choose to revoke in writing prior to the expiration date. Please note because of the HIPAA guidelines, we are **not allowed to release any Psychological testing records or records from specialists. You must request those from the specialist that provided that service.**

Parent/Guardian Signature

Date

Print name of parent or guardian