

Great Destinations Pediatrics, P.C.
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Authorization to Release Medical Information

Patient Information:

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Address: _____

Phone: _____

I hereby authorize Great Destinations Pediatrics, PC to **SEND** photocopies of medical records concerning the above named patient (s) **TO:**

<p>Practice/ Company or Person(s) authorized to receive records: Name: _____ Address: _____ _____ _____ Phone: _____ Fax: _____ For the purpose of: _____</p>

(Check all that apply)

Records to be included:

____ All Medical Records ____ Immunization Record

____ Copies of Medical Records for the Period:

____/____/____ to ____/____/____
Mo Day Year Mo Day Year

____ Copies of Information described below for the Period:

____/____/____ to ____/____/____
Mo Day Year Mo Day Year

____ Consult Reports ____ Lab, X-Ray

____ Other (Please Specify) _____

____ The following information should **not** be released (Please Specify) _____

<p>We want to thank you for entrusting our practice with providing medical for your child/children. We appropriate feedback and would like to know your reason for requesting records.</p> <p>____ Moving out of Geographical Area ____ Changing of Physician ____ Insurance Change ____ Parent/Legal Guardian's Copy ____ Legal ____ Customer Service</p>

In accordance with federal regulations, I hereby consent to the release of records pertaining to treatment/diagnosis of the following should records contain this information: Condition relating to drug and/or alcohol abuse, condition related to psychiatric/psychological treatment, AIDS/HIV, and communicable diseases.

This request will remain in effect for 1 year from the date of this request.

I understand that I may revoke this authorization at any time in writing except to the extent that action based on this authorization has already been taken. **PLEASE ALLOW 14 BUSINESS DAYS FOR ALL MEDICAL RECORD REQUESTS**

Signature, Parent/Legal Guardian Relationship to Patient Date

Records Prepared by _____ Date _____