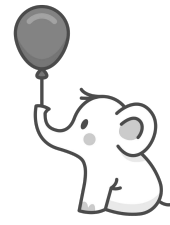




Swarts Pediatrics

PO Box 953
55 S Pioneer Boulevard
Springboro, OH 45066
F (937) 350-5109
www.swartspeds.com



Authorization to Release and Disclose Protected Health Information

Patient Name: _____ DOB: ____/____/____

I hereby authorize the release and disclosure of the specified information described below.

Check the information to use or disclose:

- ☐ Physician Notes ☐ Imaging report(s) ☐ Immunization Record ☐ Lab report(s)
☐ Other _____

("Sensitive" information will not be included unless specifically authorized by parent or legal guardian NRS.629.171)

Reason for Request:

- ☐ Provider Request ☐ Parental/Personal Request ☐ Transfer of Medical Care
☐ Other _____

Transfer Records To:

Name of Physician or Practice: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Transfer Records From:

Swarts Pediatrics
PO Box 953
Springboro, OH 45066

Fax: (937) 350-5109
medicalrecords@swartspeds.com
www.swartspeds.com

I understand: that once the Protected Health Information (PHI) is disclosed, it may no longer be protected by federal privacy law if received by a non-health care facility; I may terminate this authorization at any time by submitting a written revocation to the above provider and address; I have the right to receive a copy of this authorization and any records obtained with its use; I have the right to request and inspect my/my child's medical records or obtain copies of my/my child's health records by contacting the Privacy Officer at any time. Swarts Pediatrics requires a release form each time records are requested to avoid any overuse or unauthorized request to my child's medical records due to possible changes in my family dynamics.

Signature of Parent or Legal Guardian

Date

Printed Name

Relationship to Patient

THERE WILL BE A CHARGE OF \$0.60 PER PAGE FOR PRINTING MEDICAL RECORDS (NRS.629.061) WHEN REQUESTING THEM FROM US. PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING OF FULL OR PARTIAL RECORDS. WE WILL MAKE EVERY ATTEMPT WITHIN THE LIMITATIONS OF THE LAW, TO ACCOMMODATE YOUR REQUEST.