AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Catawba Pediatric Associates, P.A.
240 18th Street Circle S.E. Hickory, NC 28602
Phone: (828) 322-2550 Fax: (828) 322-7748

Patient's Full Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

□ I hereby consent to and authorize Catawba Pediatric Associates, P.A. to Release To

□ I hereby consent to and authorize Catawba Pediatrics Associates, P.A. to Receive From

Name of Provider of Facility _____

Address _____

City, State, Zip Code _____

Phone # / Fax # _____

Medical Information to be released:

___ All records concerning previous history, evaluation and treatment (including immunization record)

___Hospital records

___Other _____

Purpose of Disclosure:

____ Personal Copy ____ over age 21 ___ Insurance Change ___Relocation _____Referral to Specialists

_____Dissatisfaction (Reason) _____

_____ Other _____

I do herby authorize you to release copies of my medical records. PLEASE NOTE: This authorization includes consent for the release of alcohol, drug, psychiatric and psychological information, and any information relating to HIV testing, AIDS, and any AIDS related syndromes. It also includes any information concerning cancer, cancer testing and cancer results. I agree that a copy of this release or a fax of this release shall be as valid as the original release. Please send copies of all requested information as soon as possible to the address listed above.

I understand and agree that I am financially responsible for the following fees associated with my request: copying charges, include the cost of supplies and labor, and postage related to the production of my information. I understand that the charge for this service is: $.75 per page for the first 25 pages, $.50 per page for pages 26-100, and each additional page will be billed at $.25 per page. I also understand that this process can take anywhere from 10-14 business days.

_____ _____

Signature of Individual or Guardian Date

_____ _____

Print Name of Patient or Legal Guardian Relationship to the patient