



Twin Pediatrics P.C.

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BOARD CERTIFIED PEDIATRICIANS

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AUTHORIZATION TO RELEASE RECORDS

() ALL RECORDS () IMMUNIZATION REC () BILLING LEDGER

Patient Name: _____

Date of Birth: ____/____/____ Phone #: (____) ____ - ____

Address: _____

I hereby authorize the release of Medical records, Immunization records or Billing Ledger concerning the above named patient:

FROM:

TO:

Name of Entity (Self, Day Care Center, School,
Dr's Office, etc.) Authorized to send records.

Name of Entity or Person to receive records.

Address

Address

Phone Number

Fax Number

Phone Number

Fax Number

I authorize the release of the Medical Records, Immunization records or Billing ledger in possession or control of Twin Pediatrics P.C., its employees or agents. FOR THE PURPOSE HEREOF, "MEDICAL RECORDS" SHALL INCLUDE ALL CONFIDENTIAL HIV RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661) CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL ALCOHOL OR DRUG ABUSE – RELATED INFORMATION (AS DEFINED IN 42 CFR SECTION 2.1 ET SEQ AND CONFIDENTIAL MENTAL HEALTH DIAGNOSIS / TREATMENT AUTHORIZATION.

I understand that when my child's information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPPA Privacy Rule.

I am aware that it is important for me, as the parent/legal guardian to maintain the original immunization record booklet for my child, and to bring the booklet for each well child check visit. I understand and agree that I may be responsible for the following fees associated with my request: copying charge (supply cost, labor and postage or fax fee) related to the reproduction of my child's information. One copy per year is deemed and reasonable and will be provided (upon request) as a courtesy. Any additional requests will have a minimum charge of \$5.00.

Signature of Patient; Parent Legal Guardian

Date

Printed Name

Relationship to patient

For office use only

ID Verified: ()Y ()N

Twin Peds Staff Initials:
