

Seaside Pediatrics, PA

309 Wingo Way, Suite 101

Mount Pleasant, SC 29464

Phone (843) 881-2484 Fax (843) 881-2909

Authorization for Release of Medical Records

Print patient's full name

Patient Date of Birth

Street Address

Phone Number

City, State, Zip

** Information to be Released / Requested: _____ **

I authorize Seaside Pediatrics to obtain information / records from:

I authorize Seaside Pediatrics to release information / records to:

Name of Company / Facility / Physician

Phone Number

Street Address

Fax Number

City, State, Zip

Purpose of disclosure:

- | | | |
|---|---|---|
| <input type="checkbox"/> Moved / Change of Address | <input type="checkbox"/> Dissatisfaction with Staff | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Dissatisfaction with Doctor | <input type="checkbox"/> Location Inconvenient | <input type="checkbox"/> Referral to Specialist |
| <input type="checkbox"/> Dissatisfaction with Treatment | <input type="checkbox"/> Legal Investigation | <input type="checkbox"/> Continuing Care |

I understand and acknowledge that this authorization extends to all or any part of the records, which may include treatment for physical and/or mental illness, alcohol/drug abuse, and/or AIDS test results or diagnoses. I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulation. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

Parent/Legal Guardian SIGNED NAME

Parent/Legal Guardian PRINTED NAME

DATE

OFFICE USE ONLY

Received by: _____ Date: _____

Processed on: _____ By: _____