

1455 25th Avenue Drive, NE, Hickory, NC 28601 — Phone: (828) 322-4453 — Fax: (828) 324-9295

Authorization For Release of Medical Information

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

Address: _____

Home Phone: _____ Cell Phone: _____

<p>I hereby authorize and request The ChildHealth Center, P.A. to release information to:</p> <hr/> <p>Name of Provider or Facility</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Phone#/Fax# (include area code)</p>
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Medical Information to be released: All records concerning previous history, evaluation and treatment (including immunization record)
 Hospital records
 Other _____

Purpose for this request: (Check one) Personal Copy Over age 21 Insurance Change Relocation Referral to Specialist
 Dissatisfaction (Reason) _____
 Other _____

I do hereby consent and 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, including 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 7-10 business days.

Signature of Patient or Legal Guardian

Date*

Print Name of Patient or Legal Guardian

Relationship to the patient

*Release requests expire 90 days from signature date.

<p>FOR INTERNAL PURPOSES ONLY: Name & Title of Person Releasing Records _____</p> <p>Method of Transfer: <input type="checkbox"/> Mailed on (date) _____ <input type="checkbox"/> Faxed to (number) _____ on (date) _____ <input type="checkbox"/> Picked up by (name) _____ on (date) _____ <input type="checkbox"/> Release faxed on (date) _____</p>
