

Authorization For the Release of Medical Information

Premiere Pediatrics, PLLC
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Phone: (405) 364-6432 / Fax: (405) 364-0090

Patient Name: _____ Date of Birth _____

I hereby authorize Dr. _____ to release photocopies of my child's medical records and/or health information.

Releasing Physician's Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

To the following named individual or organization: _____

Address: _____

Pickup Mail

Phone/Fax: (_____) _____ - _____

This information will be obtained, used, or disclosed for the following purpose:

- Continued treatment Personal Use Transfer
 Other _____

Information to be released:

- Complete Record Immunization Record Records during: ___/___/___ - ___/___/___
 Records concerning _____

I agree to pay \$0.50 per page before such are released and will also pay the actual cost of postage, prior to mailing, if the record is to be mailed. Fees may be waived if we are mailing records to another physician.

I further release Dr. _____ from responsibility for any deleterious effect the release of my child's clinical medical records may have upon myself or others both now and in the future. I personally accept all responsibility for my own distribution and interpretation of medical information contained therein and I hold blameless the Office of Premiere Pediatrics PLLC, by Drs. Fox and Fields for conclusions or opinions drawn from said records without professional knowledge, assistance, or review.

By State Law, you must be advised that: the information authorized for release may include records which may indicate the presence of communicable or venereal diseases which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus also known as Acquired Immune Deficiency Syndrome (AIDS).

I realize by release and/or receipt of these records that I am accepting responsibility for the protection of my own right of medical record confidentiality.

Signature of parent/ patient/ guardian

Date

Date Received _____ Date Released ___/___/___ # pages _____