**Authorization for Release of Medical Records**

, hereby authorize Children First Pediatrics to release the

**(Parent/Guardian/patient 18yrs or older)**

Medical Records of the following children:

**NAME DATE OF BIRTH**

REASON FOR REQUEST:

LEAVING: \_\_\_INSURANCE CHANGE \_\_DISSATISFIED \_\_\_MOVING

LEGAL INSURANCE REQUESTED OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select **ONE** option below for obtaining the medical records:

\_\_\_**Pick Up** **($10 per child)** Which Location? \_\_\_RV \_\_\_\_SS Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_**Mailed ($20 per child) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*we recommend having them mailed to you and you deliver to the new provider.**

**\*\*when paying online, please make sure the reason “Medical Records” is noted for proper processing**

Records will be provided on disc. If they are mailed we will send certified and return receipt. Payment must be received prior to processing the request. We will only hold the medical records up to months from your requested date. Once the 3 months is up, we will shred the medical records and you will need to re-request your records and you will be responsible for the original medical records fee plus an additional $10.00 reprocessing fee. We kindly ask 7-10 days processing time.

## SIGNATURE: TODAYS DATE:

**BEST CONTACT NUMBER:**