CAMELBACK PEDIATRICS, P.C.

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Phoenix, Arizona 85018
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REQUEST FOR RELEASE OF MEDICAL INFORMATION

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

RELEASE: From_____ To_____ ***RELEASE: To_____ From_____***

_____
Name of clinic/provider/parent/adult patient

_____
Street Address

_____
City State Zip Code

_____
Phone Fax

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Reason for requesting records.
_____ *School registration*
_____ *Moving out of geographical area*
_____ *Changing provider*
_____ *Insurance change*
_____ *Parent/Legal guardian's copy*
_____ *Legal*

Records to be included: *(Check all that apply)*

_____ All Medical Records *($25 fee per child; $50 per child if coming from storage)*
_____ Copies of Medical Records for the Period: ____/____/____ to ____/____/____
Mo Day Year Mo Day Year

_____ Copies of Information described below ("other") for the Period: ____/____/____ to ____/____/____
Mo Day Year Mo Day Year
_____ Immunization Record *(no charge if in house; $35 if coming from storage)*
_____ Consult Reports
_____ Lab, X-Ray
_____ Other (*please specify*) _____
_____ The following information should not be released (*please specify*) _____

I authorize the release of medical records as listed above. 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 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 information. This request shall remain in effect for 6 months from the date of this request. I understand that I may revoke this authorization at any time in writing except to the extent that action based on this authorization has already been taken.

_____ _____
Printed name if signed on behalf of the patient Relationship (parent, legal guardian, etc.)

_____ _____
Patient or legally authorized individual signature Date