McKinney ABC Pediatrics

Suzanne Dugopolski, M.D.
Steven Rodrigues, M.D.
2720 Virginia Parkway, Suite 200
McKinney, TX 75071
972 569-9904 phone
972 569-9943 fax

Authorization For Release of Medical Records

I understand that my child's medical records are confidential and cannot be disclosed without my written authorization, except otherwise provided by law.

I hereby voluntarily authorize the release of the following information from the medical record of:

_____ _____
Patient(s) Name(s) Birth date(s)

The information specified below may be released to/from:

Name of physician: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____ Fax: _____

Specific information to be released: (Please check all that you are requesting be released)

_____ Complete Medical Record for this Office _____ Immunization Records Only
_____ Growth Chart Only _____ Diagnostic Testing & Results
_____ Other (Please List) _____

[ ] I WANT [ ] I DO NOT WANT (please check one) you to INCLUDE information pertaining to the diagnosis and/or treatment of HIV testing, AIDS, psychiatric illness, and alcohol and/or chemical abuse and dependency if any.

- I understand fees for copies are due and payable before copies are released.
- I understand that a photocopy or facsimile of this authorization is as valid as the original.

_____ _____
Date Signature of Parent

_____ _____
Date Witness

Thank you in advance for sending this information promptly.