CHILDREN'S MEDICAL OFFICE
of North Andover, P.C.

477 Andover Street
North Andover, Massachusetts 01845

www.chmed.com
978.975.3355

Request For Medical Records

Date: _____

To: _____
_____
_____
_____

(Fill in complete name and address of prior physician or health care facility)

I hereby authorize you to release any information including the diagnosis and records of any treatment or examination rendered to the patient named below during the time period from _____ to _____ and request that you forward the information to:

CHILDREN'S MEDICAL OFFICE OF NORTH ANDOVER, P.C.
477 Andover Street
North Andover, MA 01845

_____
Patient's Name

_____
Signature of patient/ legal guardian if patient is a minor

_____
Patient's Address

_____
Relationship of signer to patient if other than self

_____

_____
Patient's Date of Birth

RE-RELEASE AUTHORIZATION

The above request applies only to records of care rendered by the addressee. Federal and state regulations require specific separate authorization for the "re-release" of records from other professionals or facilities which may be in your possession. Accordingly, I further authorize you to RE-RELEASE to Children's Medical Office of North Andover, P.C. records from each of the following physician's/facilities specifically named and signed for below:

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____

Physicians/Hospitals/Other Facilities — Authorizing signature

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RELEASE OF SENSITIVE INFORMATION

The above request does not apply to certain types of "sensitive" information. By law, information pertaining to any of the following subjects should be withheld or deleted from the record unless specific separate authorization is given to disclose it. Accordingly, I hereby authorize the disclosure to Children's Medical office of North Andover, P.C information pertaining ONLY to the subjects indicated by my checking "yes" below:

	Disclose?	
HIV/AIDS status……	☐Yes	☐No
Psychological/Mental Health……	☐Yes	☐No
Pregnancy/Sexual Activity……	☐Yes	☐No

_____
Authorizing Signature