



# **BUILDING BLOCKS**

PEDIATRICS, PLLC

Healthy Kids Under Construction

## **Medical Records Release Form**

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Medical Record Number: (to be filled in by practice) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I, (NAME) \_\_\_\_\_, hereby authorize Building Blocks Pediatrics, PLLC to release the following information:

- All Records
- Consultation Notes
- Discharge Summary
- Emergency Department Records
- Hospital Records
- Office Visits
- Pathology Lab Reports
- Radiology Reports (ultrasounds, x-rays, MRI, CT scans)
- Surgery/Operative Reports

Dates of service for requested release:

- All Dates
- Date Range: \_\_\_\_\_ to \_\_\_\_\_

I  do  do not authorize release of information related to AIDS, HIV infection, sexually transmitted diseases, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

Release information to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Release:

- Moving out of the area
- Continuation of Care
- Second Opinion
- Personal
- Legal

Patient/Parent/Legal Guardian Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_