

Medical Records Release Authorization Form

East End Pediatrics
13328 Shelbyville Road
Louisville, Kentucky 40223
Phone 502-254-2223 Fax 502-254-2525

Today's Date _____

I, _____ as parent/guardian for

Patient's Address:

_____ DOB: _____

_____ DOB: _____

City _____ State _____ Zip _____

_____ DOB: _____

Phone Number _____

_____ DOB: _____

Email: _____

authorize East End Pediatrics, PLLC to

[] obtain a copy of the specific health information described below

[] disclose a copy of the specific health information described below

[] Records to be obtained from or [] Records to be sent to:

Practice name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____ Fax _____

Records Requested:

[] Entire medical Record (including office notes, immunizations, growth charts, correspondences)

[] Records (notes, testing) for these specific dates, or related to a specific diagnosis/injury/illness _____

[] Immunization Records Only [] Immunizations and School Physical Forms

Purpose of Disclosure of Protected Health Information:

[] Personal Use [] Referral to Specialist [] Transfer of Records to another Physician

[] other _____

Parent/Guardian Signature: _____

By signing this form you indicate that you have the proper authority to and give permission to disclose your protected healthcare records. These records may be disclosed by additional parties, unless they have implemented and are bound by HIPPA regulations and provide notification of this to you. Please note patients/families have the right to revoke this authorization in writing, unless the records have already been disclosed. This authorization will expire in 180 days unless otherwise specified by family/patient.

HIPPA Notice: According to HIPPA guidelines patient consent is not required for transfer of records for specific treatment purposes. The USDHHS defines "treatment to include consultation between healthcare providers regarding a patient and referral of a patient by one provider to another." 164.502(A)(1)(II),164.506(A),WWW.HHS.GOV/OCR/PRIVACYSUMMARY.PDF.