Pediatric Partners of Virginia
HIPAA Form B
Request to Release Protected Health Information

Please complete ONE form per child

Patient Name: _____ Date of Birth:_____

Patient Street Address: _____ Account /Chart: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

For Record Release or Copies: By signing this authorization, I authorize the party listed below to use and/or disclose certain protected health information (PHI) about me / my child. I also understand that I may revoke this authorization at any time, in writing, to the address listed below provided the information has not been released.

I authorize:

_____
Provider's Name

_____
Street Address

_____
City, State, ZIP

_____
Phone#

to release to

_____
New Provider, Specialist, or Person Receiving Copy

_____
Street Address

_____
City, State, ZIP

_____
Phone#

***For Patient or Legal Guardian Copy Requests*:** □ Paper and/or □ Electronic
I understand and agree that I am financially responsible for the following fees associated with my request: copying charges, including the cost of supplies, electronic devices, labor, and postage related to the production of my information. I understand that the charge for paper copy is: **$1.00 each page for the first 25 pages, then $.25 for each page thereafter.**

***Information to be Released/Requested*:**
( ) All pertinent medical records
( ) Immunizations
( ) Labs -dates: _____
( ) X-ray images dates: _____
( ) Other: _____

***Information to be Excluded / Not Released*:**
( ) Mental Health Records
( ) Drug/Alcohol Treatment
( ) HIV Testing
( ) Sexual Assault/Victimization Records
( ) Other: _____

Reason for Record Release:

( ) Personal copy *(see above – charges apply)*
( ) Over age 21
( ) Continuity of Care
( ) Change of Insurance
( ) Referral to Specialist
( ) Moving out of state
( ) Leaving Practice
( ) Unhappy due to wait time
( ) Unhappy due to Customer Service
( ) Unhappy with Provider (Please state why)
_____
( ) Unhappy with Practice (Please state why)
_____

_____ _____ _____
Signature of Parent/Guardian Printed Name Date

**Please allow up to 30 days for processing*