



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*