

OUTGOING RECORDS



Authorization for Release of Health Information

(This form applies only to the release and disclosure of information. It is not consent for treatment or intended for any other purpose)

By signing this form, I authorize Growing Child Pediatrics, PA to release or disclose the protected health information described below to:

11130 Capital Blvd.
Wake Forest, NC 27587
(p) 919.488.4094
(f) 919.488.4096

Patient's Name: _____ DOB: _____

Name of person/organization to whom information should be sent:

270 Horizon Dr.
Raleigh, NC 27615
(p) 919.845.0623
(f) 919.488.1716

Address of person/organization to whom information should be sent:

Phone and fax numbers of person/organization to whom information should be sent:

1005 Big Oak Ct.
Knightdale, NC 27545
(p) 919.266.5669
(f) 919.488.1717

Purpose of disclosure (at request of patient, employment, practice transfer, discharge, life or disability insurance, etc.):

Please send this information on or about (information will not be resent without another authorization): ____/____/____
This authorization expires upon fulfillment of request unless special circumstances noted below ** Mo Day Year

500 Gateway Dr.
Clayton, NC 27520
(p) 919.585.9001
(f) 919.488.1719

Patient/Parent/Guardian requests to pick up medical records: (ID required) Yes ___ No ___

I authorize the following information to be sent to the address above:

___ Copies of all Growing Child Pediatrics medical records for the period ____/____/____ to ____/____/____
___ Other (please specify) _____

116 East Horton St.
Zebulon, NC 27597
(p) 919.269.2885
(f) 919.488.1718

NOTE: If Growing Child Pediatrics has discharged the patient from the practice for any reason (i.e. failure to comply with company's vaccine policy), initial and date here to remove patient from active status and avoid additional medical record charges (note: if not discharged, additional charges apply): _____

Brier Creek
7990 Arco Corporate Dr.
Raleigh, NC 27617
(p) 919.544.5900
(f) 919.488.1455

I understand that this information may include any history of acquired immunodeficiency syndrome (AIDS); sexually transmitted diseases; human immunodeficiency virus (HIV) infection; behavioral health service/psychiatric care; treatment for alcohol and/or drug abuse; or similar conditions. I understand that there may be information in these records that I would not want released.

I have been provided a copy of Growing Child Pediatrics, PA's Notice of Privacy Practices and any charges that may be associated with this authorization. I have discussed any concerns I may have about the use, release, and disclosure of my health information with Growing Child Pediatrics, PA's Privacy Officer or other appropriate office personnel.

4551-160 New Bern Ave.
Raleigh, NC 27610
(p) 919.861.7793
(f) 919.488.1458

I understand that Growing Child Pediatrics, PA assumes no responsibility for the use or misuse by others of my health information disclosed under this authorization. I release Growing Child Pediatrics, PA from all legal liability that may arise from this authorization. **I understand a fee may apply. Please also be advised that transferred records are removed from our active files. We can no longer advise, make appointments, offer treatment or prescription refills.**

New Hope Commons
4551-160 New Bern Ave
Raleigh, NC 27610
(919) 861-7793
(919) 488-1458

Patient or legally authorized individual's signature: _____

Patient signature (12 yrs or older): _____

Date: _____ SSN: _____ DOB: _____

Relationship to patient if signed by anyone other than the patient: _____
(parent, legal guardian, personal representative, etc.)

The patient or their representative may revoke this authorization by notifying in writing Growing Child Pediatrics, PA's designated Privacy Officer. Federal law states that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining this authorization if the Privacy Rule prohibits such conditioning. Federal law also requires a statement that there is the potential that the protected health information released under this authorization may be subject to redisclosure by the recipient. (O21 REV. 12/11)