Elmwood Pediatric Group, LLP
Request for Release of Medical Records

Patient Name: _____ **Date of Birth:** _____ **Phone #:** _____

Purpose of Disclosure:

❑ Transferring to another physician ❑ Referral to specialist ❑ Other: _____

If Transferring Out of Our Office To Another Doctor, Please Indicate The Reason:

❑ Transferring to an Internist ❑ Insurance Issue ❑ Moving: *New Address:* _____

❑ Other (please specify): _____ _____

I authorize Elmwood Pediatric Group, LLP to disclose the following protected health information *(select 1 box only)*

❑ Medical Record Summary including immunizations, growth charts, allergies, medications, problem list, past medical, family, and social history, and the last 3 years of office visits, physicals, labs, x-rays, and specialist reports (which may include information relating to mental health, alcohol/drug treatment and/or confidential HIV/AIDS information)

❑ Complete Medical Record (which may include information relating to mental health, alcohol/drug treatment and/or confidential HIV/AIDS information)

❑ Complete Medical Record with the following exceptions (please specify): _____

❑ Other (please specify): _____

Method of Delivery (please allow us up to 10 business days to complete your request):

❑ Please mail records to:

Name: _____ Phone #: _____ Fax (optional): _____

Address: _____ Town, State, Zip: _____

❑ I will pick-up records when they are ready.

Name: _____ Phone #: _____

Photo ID is required when picking up records.

***FOR ALL PATIENTS 12 YEARS AND OLDER, THE PATIENT'S SIGNATURE IS REQUIRED*:**

_____ _____
Signature of Patient (required for age 12 or over) Date

_____ _____
Signature of Parent/Legal Guardian (required for under age 18) Date

_____ _____
Print Name of Parent/Legal Guardian Relationship to Patient

Expiration Date: This authorization will expire 1 year after the date signed or until the following event/date _____.

EPG policy is to provide one copy of the medical record at no charge when our patients transfer to another physician. The cost for copies requested for other purposes, or for additional copies, will be $0.75 per page, as described in NY Public Health Law §17.