AUTHORIZATION FOR RELEASE OF INFORMATION

SECTION A: Must be completed for all authorizations. I hereby authorize the use/disclosure of my information as described below. I understand that this authorization is voluntary. I understand that any and all records, whether written, oral or in electronic format are confidential and cannot be disclosed without prior written authorization except as otherwise provided by law. I understand that a photocopy or fax of authorization is as valid as the original.

Note: Request form and medical record inquiries may be emailed to **medicalrecords@centralcoastpeds.com** but we may not send your records back via email in order to comply with HIPAA privacy laws. Thank you for your understanding.

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

Person(s)/organization authorized to use/disclose the information (**FROM**):

Central Coast Pediatrics, Inc

1235 Osos St. Suite 100, SLO, Ca. 93401

Ph:(805) 549-0888 Fax:(805) 549-8463

Person(s)/organization authorized to receive the information (**TO**):

Name: _____

Address: _____

Ph: _____ Fax or Email: _____

SECTION B: Need copy of records for (Please check one):

____Personal Use ____Moving ____School ____Changing Doctors

SECTION C: Check information that may be used/disclosed:

(Include dates where appropriate)

____Entire Medical Record

____Records of Visit (Specific)_____

____Laboratory Report(s)_____

____Medication(s) Record_____

____Consultation Report(s)_____

____Immunization Record

____Physical/History Report _____

____Radiology Report(s) _____

____Mental Health _____

____Cardiology Report(s) _____

____Other _____

SECTION D: Check which format you want to request:

____Digital(on a CD) ____Paper(Choose one of the following) ____Faxed ____Pick up at Office

_____ _____

Signature of Patient or Representative Today's Date

_____ _____

Printed Name Relationship to Patient

Central Coast Pediatrics, Inc. 1235 Osos St. Suite 100, San Luis Obispo, Ca. 93401
Phone #: (805) 549-0888 Fax #: (805) 549-8463

Email: medicalrecords@centralcoastpeds.com

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