

Johns Creek Pediatrics
4395 Johns Creek Parkway Suite 150
Suwanee, Georgia 30024
770-814-1160 Fax: 770-814-1173
Medical Records Release Authorization

Patient Name:

1) _____ DOB: _____
2) _____ DOB: _____
3) _____ DOB: _____

____ **Coming to the practice:** I authorize _____ Fax: _____ to release the complete history and / or records in your possession concerning any treatment and services rendered. I hereby authorize the release of medical records to Johns Creek Pediatrics, PC.

____ **Leaving the practice:** I authorize Johns Creek Pediatrics, PC to release requested medical records to _____ Fax: _____.

____ **Other:** I authorize Johns Creek Pediatrics, PC to release requested medical records to _____ Fax: _____.

Information Requested:

____ Standard Records (Chart Summary, Growth Chart, Immunization Records) (Copied at No Charge)

____ Additional Records (Please List _____)

Fees for additional records charged according to STATE OF GA (1-20 PAGES) \$0.97 per page; (21-100) \$0.83 per page; (OVER 100) \$0.66 per page.

Purpose for Request: ___ Moving ___ Change of Insurance ___ Other: Please specify the reason you are leaving the practice: _____.

Parent Name: _____

Street Address: _____

City/State/Zip: _____

Please note our policy for release of records:

- Arrangements must be made for any account balances and printing charges
- Due to personal privacy we require you to pick up the records when ready

By signing this authorization, I authorize the use and disclosure of my child's protected health information as requested. I understand that this information may be re-disclosed by the recipient and may no longer be protected by the federal HIPPA privacy rule. I have the right to revoke this authorization in writing except to the extent that Johns Creek Pediatrics has already released the requested information. I understand that the medical records released to John's Creek Pediatrics from another provider will become a permanent part of the patient's medical records.

Signature of guardian _____ (Or patient if child is 18 years or older)

This record release expires on : _____

Contact number: _____