

Johns Creek Pediatrics, P.C.

4395 Johns Creek Parkway Suite 150, Suwanee, Georgia 30024 770-814-1160

Request for Release of Medical Records From Johns Creek Pediatrics

4395 Johns Creek Parkway Suite 150 Suwanee, Georgia 30024 2000 Howard Farm Drive Suite 320 Cumming, Georgia 30041

(Phone) 770-814-1160 (Fax) 770-814-1173

I hereby authorize Jol	nns Creek Pe	diatrics, P.C. to release	e the records of:		
Patient Name:			DOB:		
Patient Name:			DOB:		
Type of records to be	released:				
Standard Medica	l Records (in	clude Chart Summary,Growt	h Chart ,Immunizatio	on Records) (Copied at No Charge)	
Entire ChartAdditional Records (Please List)					
page.) \$0.83 per page: (OVER 100) \$0.66 per	
Purpose for Request: _	Moving _	Change of Insurance _	Transferring to	adult Doctor Personal	
Other: Please specify th	ie reason you	are leaving the practice:			
Name of Dr. you wish to	send your m	edical records to:			
Fax to:	Contact#	Offi	ice Pick Up:		
Print Parent/Patient (18 + years old) Name:					
		ure:			
Phone number:			-		
Please note our policy for	release of reco	ds:			
Arrangements must be ma	de for any acco	ount balances and printing cl	narges		

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 Johns Creek Pediatrics from another provider will become a permanent part of the patient's medical records.

Due to personal privacy we require you to pick up records when ready