NORTHLAKE PEDIATRIC CARE
2117 Simonton Rd. Suite 402 Statesville, NC 28625
PHONE (704) 871-2323 FAX (704) 871-2919

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Print Patients Name **Date of Birth**

_____ _____

Home Street Address / P O Box **City / State / Zip Code**

_____ _____

Phone Number Work Phone Number

_____

I hereby authorize the information from my medical record to be released to/from the following Facility/physician/person

SEND MEDICAL RECORDS TO	**MEDICAL RECORDS FROM**
_____	_____
Name (facility/physician/person)	**Name (facility/physician/person)**
_____	_____
_____	_____
Address	**Address**
_____	
_____	
Phone Number	**Phone Number**

The specific information to be released includes:
Immunization Records___ Office visit notes___ X-rays __ Laboratory___ Other ____
Covering the dates of treatment from _____ to _____.

I understand that the information released may include information related to AIDS or HIV Infection, psychiatric care and/or psychological assessment, or treatment for alcohol and/or drug abuse, unless otherwise specified here: ___ Do Not Release

The Purpose for the release of this information is:
Patient Request ___ Transferring Physicians ___ Moving ___ Insurance___
Other _____ Legal Purpose

_____

I have been provided with a copy of Northlake Pediatric Care's Notice of Privacy Practices, I understand that I may revoke this authorization at any time in writing to the NPC Privacy Officer or to the office where this authorization was submitted except to the information has already been released. This authorization will expire 90 days after the date or signature.

_____
_____
Signature of Patient or Personal Representative
Date

If personal representative, please check legal authority to act on patients behalf:

Parent of Minor___ Guardian___ Other_____

I understand and agree that I am financially responsible for the following fees associated with my request: copying charges,

including the cost of supplies and labor, and postage related to the production of my information. I understand that the charge of this service is $10.00.

Name _____ Date _____