

AUTHORIZATION TO RELEASE INFORMATION

Capitol Pediatrics & Adolescent Center, PLLC
Phone # 919-782-5273

I hereby authorize _____ to use or disclose the specific information described below to the parties and for the purposes also described below:

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

Description of the specific information to be used or disclosed:

- Entire Capitol Pediatrics & Adolescent Center, PLLC medical record
- Immunization records
- Laboratory test results
- Medications
- Entire medical record with the following exceptions:

- Entire medical record including records from other entities. **I understand that records from other entities may not be the complete records from other facilities, hospitals, or practices.**
* Please note we are not able to verify completeness or accuracy of records transferred to Capitol Pediatrics from another practice. * **(\$25 fee before records will be sent)**
- Only these items from the medical record (include range of dates):

This information is being requested for the following purpose(s):

- The patient is transferring to another practice.
- The patient is being referred to a specialist
- The patient was involved in an accident.
- The patient was the victim of a crime.
- The patient is participating in a clinical trial.
- Other:

I understand that:

- I may request or copy the protected health information to be used or disclosed.
- I may revoke this authorization by contacting your office in writing.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer is protected by HIPAA.
- This authorization is valid for the period of one (1) year.

Patient/Parent/Guardian Signature: _____ Date: ___/___/___

Name and address of records recipient (Circle one): Pick Up Mail Fax

Name: _____ Phone #: _____
Address: _____ Fax #: _____

Office Use Only:

Date information Disclosed/Transferred: ___/___/___ Chart #: _____
Released by: _____

Capitol Pediatrics & Adolescent Center, PLLC

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Suite 100
Raleigh, NC 27614
Fax # 919-232-5551

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Suite 204
Knightdale, NC 27545
Fax # 919-232-5580