North Raleigh Pediatric Group

Medical Release Request Form

Patient's Full Name:_____ Date of Birth:_____
Address:_____ Phone:_____
City, State, Zip:_____ Alt. Phone: _____

Fill out this side when transferring records **TO** North Raleigh Pediatrics:

I authorize:

_____
Name

_____

_____
Address

_____
Phone Number

_____
Fax Number

To release medical records to:
North Raleigh Pediatric Group
7205 Stonehenge Drive
Raleigh, NC 27613
(p) 919-848-2249 (f) 919-848-8238

Fill out this side when transferring records **FROM** North Raleigh Pediatrics:

_____
authorize:

North Raleigh Pediatric Group
7205 Stonehenge Drive
Raleigh, NC 27613
(p) 919-848-2249 (f) 919-848-8238

o release medical records to:

_____
ame

_____

_____
ddress

_____
hone Number

_____
ax Number

_____

Are you transferring out of the practice? YES or NO

These medical records are being released for the purpose of: (Please select an option)
___ Transfer to another practice because of: ___Move ___Change to Adult Medicine ___Other
If other, please explain: _____
___ Legal
___ Copy for self
___ Other, please be specific: _____

This data shall include: (Please selection an option)
___ Medical Summary: This includes: immunizations, last physical, growth charts and problem list. **Nothing prior to 2008*
___ Complete Records: NRPG charges $50.00 for complete records unless you are over the age of 23.
___ Letter needing the following information:_____
___ Other, please be specific: _____

Specific authorization for the release of information protected by state and federal law will be included unless otherwise indicated: Please mark any **NOT** authorized to be released.
___ Substance Abuse ___ Psychiatric Mental Health (ADD/ADHD included) ___HIV/AIDS

I understand that I may revoke this authorization at any time by notifying North Raleigh Pediatric Group's designated privacy officer and that unless an earlier date is specified, it will automatically expire 90 days after the date affixed below. A copy of this authorization is as valid as the original.

Signature: _____ Date:_____

Print Name:_____ Relationship to Child:_____