



# DALLAS PEDIATRICS

**& ID ASSOCIATES**

1120 S. Main Street • Suite 100  
Grapevine, Texas 76051

OFFICE 817.416.5554 FAX 817.416.5556

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I certify that I am the (Patient) (Legal Guardian) (Father) (Mother) (*please circle one*) of the patient named here \_\_\_\_\_ and I hereby give my permission for Dallas Pediatrics & Infectious Disease Associates to request medical records information pertaining to the treatment of myself or my Child.

This information may be released to:

Full Name \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

This information is released for the following purpose only; any other use is forbidden:

**The following information is requested for continuation of PCP care:**

**Circle all that apply**

Discharge summary

History and Physical

Progress Notes

Psychiatric/Psychological, HIV, Drug/Alcohol

Other (specify) – Immunization/Shot Records

Outpatient Clinic Visit (Dates)

**Entire Medical Record – Via Mail or Courier Only**

Lab, X-rays, Pathology, EKG, EEG, CT Scan

Doctor's Orders

Operative Notes

(\* will include all information concerning testing, results, and treatment for HIV (AIDS) communicable diseases, drugs/alcohol and mental health diseases if any.)

This authorization will expire \_\_\_\_\_ from the date of my signature or as otherwise specified by date, event or condition as follows:

\_\_\_\_\_  
Signature of Parent/Patient

\_\_\_\_\_  
Date

**PROHIBITION ON REDISCLOSURE:** This information has been disclosed to you from records whose confidentiality is protected by both state and federal law. Federal regulation (42 CFR, Part 2) prohibits you from making any further disclosure of this information except with the specific written consent of patient. A general authorization for the release of information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more that \$500.00 in the case of a first offense, and not more than \$5,000.00 in the case of each subsequent offense.

**Please feel free to contact us at 817-416-5554 or via Fax 817-416-5556**

**For office use only**

Date sent/received \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_