

Southfield Pediatric Physicians

31500 Telegraph, Ste 105
Bingham Farms, MI 48025
(248) 540-8700
Fax: (248) 540-8701

7416 Haggerty
West Bloomfield, MI 48322
(248) 661-9100
Fax: (248) 661-9158

Authorization to Release Records

Patient DOB Patient DOB

Patient DOB Patient DOB

I, _____, as parent, guardian authorize Southfield Pediatrics to
parent/guardian

release medical records to:

Dr.: _____

Address: _____

Phone: _____ Fax: _____

Reason for Request:

moving out of area dissatisfied with practice change of insurance

continued care with specialist other _____

I authorize release of the entire medical record including drug, chemical dependency, alcohol abuse, mental health, communicable disease including sexually transmitted disease and any and all other records in accordance with Federal Regulations.

I expressly authorize information concerning the following serious communicable diseases to be released:

HIV
AIDS-Related Complex (ARC)
Acquired Immunodeficiency Syndrome (AIDS)

Parent/Guardian/Patient Signature

Date

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulation(42 CFR Part 2 and Public Act 258) prohibit from making further disclosure of it without the specific written consent of the person to whom it pertains, or otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. This authorization is valid for one year from the date of request unless otherwise revoked in writing to Southfield Pediatric Physicians.