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Peoria, AZ 85382
623-322-3380
MR@pleasantpediatrics.com

Authorization for the release, use, and disclosure of health information to or from Pleasant Pediatrics

Only **one** patient per records request form

Patient Name: _____ Date of Birth: _____

Legal Guardian Name and Date of Birth: _____

Address: _____

Contact Number: _____

Indicate the specific records to be released from Pleasant Pediatrics

- Complete medical chart
- Only health information document(s) from the date(s): _____
- Immunization record only- No Fee
- Lab order/result(s) from the date(s): _____
- Other document(s): _____

Indicate who is receiving these records.

Medical Facility
Name of Medical Facility-No fee: _____
Address: _____
Phone: _____ Email/Fax: _____

Parent/Legal Guardian
Name of Parent/Legal Guardian-\$6.50 fee included
Address: _____
Phone: _____ Email/Fax: _____

THE REQUESTING GUARDIAN **MUST** UPLOAD THEIR PHOTO ID

I understand this may include information relating to AIDS, HIV Infection, Psychiatric Care, and/or treatment for alcohol and or drug treatment.

I understand this authorization may be revoked in writing at any time, according to the instructions in the Pleasant Pediatrics Notice of Privacy Practices and Procedures, except to the extent that action has been taken in reliance on this authorization Unless otherwise revoked, this authorization will expire sixty (60) days from the date of authorization.

I further understand that I have a right to receive a copy of this authorization at any time.

By signing this document, you are giving Pleasant Pediatrics permission to send the patients personal health information via unsecure email if you have opted for the email option.

Legal Guardian Signature _____ Date _____

Please email this completed form to MR@pleasantpediatrics.com after you have made your payment.

I understand there is a fee of \$6.50 due when requesting a complete medical chart that is to be paid in advance. The fee can be paid on our website PleasantPediatrics.com, please include the reference number below from your online payment.

Reference Number: _____