

# Clinical Pediatric Associates of North Texas

7200 N State Hwy 161, Suite 100  
Irving, TX 75039  
972-331-7200

2011 W Northwest Hwy, Suite 160  
Grapevine, TX 76051  
817-329-8929

## IMMUNIZATION RECORD RELEASE

Patient Name (please print) \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

### Immunization Records Needed for:

- School form
- Sports or Camp physical
- Personal Records
- Appointment with a specialist
- Transfer patient care to new physician
- Other \_\_\_\_\_

I authorize Clinical Pediatric Associates of Irving & Las Colinas, PA dba Clinical Pediatric Associates of North Texas to use or disclose the above requested information to:

\_\_\_\_\_  
Name of physician / practice / organization

\_\_\_\_\_  
Address City/State Zip Code

**\*\*FAX TRANSMITTAL AVAILABLE FOR IMMUNIZATION RECORDS ONLY\*\***

### Expiration date of authorization

This authorization is effective through \_\_\_\_/\_\_\_\_/\_\_\_\_ unless revoked or terminated earlier by the patient or the patient's personal representative.

**Note:** Please select an expiration date of your choice. As long as a current release is on file in the patient chart you do not need to fill out this form again until it expires.

### Right to terminate or revoke authorization

You may revoke or terminate this authorization by submitting a written revocation to:

Clinical Pediatric Associates of Irving & Las Colinas, PA dba Clinical Pediatric Associates of North Texas,  
Attn: Administrator  
7200 N. State Highway 161, Suite 100, Irving, TX 75039.

### Right of the individual

You may inspect or copy information used or disclosed under this authorization.

You may refuse to sign this authorization

\_\_\_\_\_  
Signature of patient representative Date Relationship to patient

\_\_\_\_\_  
Printed Name of patient representative Daytime Telephone Number

\_\_\_\_\_  
Address City/ State Zip Code

### Potential for Re-disclosure

The person or organization to which this information has been disclosed may disclose it again under this authorization. It may not be possible to ensure your right to the protection of the privacy of this information once Clinical Pediatric Associates of Irving & Las Colinas, PA dba Clinical Pediatric Associates of North Texas discloses it to another party. The privacy of this information may not be protected under the federal privacy regulations.

# Clinical Pediatric Associates of North Texas

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## MEDICAL / SHOT RECORDS REQUEST

To Whom It May Concern:

We will be happy to provide a copy of your child's medical records at no cost to you when forwarded to another physician; however, there will be a fee of \$25.00 per child for personal copies of these records or if the records have to be forwarded to additional physicians. Please understand that due to the Federal HIPAA requirements, our processing time has been extended to approximately 10 business days.

Also, we are happy to provide you one copy of your child's immunization record without charge; however, should you need another copy there will be a \$10.00 fee per record. You can avoid this expense by bringing your child's immunization card with you to each well visit; at that time we will update it at no cost. Processing immunization records takes 2-3 business days.

A reminder: HIPAA forms must be on file before we can release any medical information.

Thank you,

Medical Records Staff

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Date of Birth

Specializing in Infants, Children & Adolescents  
Appointment: 972-331-7200 Fax: 972-331-7201