

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

Release of Medical Information

Patient Name (please print) _____

Patient Date of Birth _____

Information I need:

Complete medical records

Labs _____

Other _____

Visit from following date(s) _____

Needed for:

Transfer patient care to new physician _____

Physician Name

Appointment with a specialist

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

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

Elizabeth S. Dickey, M.D., PhD, F.A.A.P.
Mary Askari-Brown M.D., F.A.A.P.
Trung D. Tran, M.D., F.A.A.P.

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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