



MEDICAL RECORD RELEASE AUTHORIZATION

Buckeye Pediatrics, LLC
Sundance Business Center ~ 23374 W. Yuma Road, Suite 101 Buckeye, AZ 85326 ~ 623-374-7833
www.buckeyepeds.com

I hereby authorize and request: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

- Office Visit (Dates/Doctor) _____
- Lab Reports (Date) _____
- Procedure (Date) _____
- Xray Reports (Date) _____
- Immunization Record _____
- Billing Information _____

These records can be forwarded to: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Patient(s) Name _____ D.O.B. _____

Patient(s) Name _____ D.O.B. _____

Patient(s) Name _____ D.O.B. _____

Patient(s) Name _____ D.O.B. _____

Any other information to further identify the patient(s): _____

Reason for requesting medical records: _____

Signed: _____ Print Name: _____ Relationship to Patient: _____

Please note that there will be a \$.25 per page charge with a minimum base charge of \$5.00 and a \$25.00 fee for an electronic copy on medical records released to parents that are picking them up for their own use. This form must be received within 6 months of the date that it is signed, and it is valid for 90 days after receipt. It may be revoked at any time upon written request to Buckeye Pediatrics, LLC unless the requested information has already been disclosed. A fax machine may be used to transmit this information, and faxing may increase the risk of accidental disclosure of this information to unauthorized parties. Information released may include but is not limited to alcohol or drug abuse, HIV, mental health, or communicable disease information, which may be part of your health record. Your medical record may contain records from other health care providers. Please be aware that once we disclose this information per your instructions the information is subject to redisclosure and may no longer be protected by the HIPAA Rules. If I refuse to sign the authorization, my information will not be released except as required by law. I agree to hold Buckeye Pediatrics, LLC harmless and release them from any liability for any claims or actions, which may occur as a result of the release of the information.