



"Healthy Kids Are Our Business"

Heather Brandon M.D. • Valeska Gonzalez Donnelly M.D. • Angie Salinas M.D.

### Medical Records Release for Personal Use

I hereby authorize PediDocs Pediatric Clinic to release the records of the following patient to me as their parent/ legal guardian for personal use.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*If you are requesting records for more than one patient, a separate release form is required to be completed for each patient\*

I am requesting the following records:

- Complete medical record
- Records from \_\_\_\_\_ to \_\_\_\_\_
- Specific dates of service (please list each date):

\_\_\_\_\_

I understand there will be a fee of \$25 for the first 20 pages and \$ .50 each additional page. A deposit of \$25.00 is to be paid at the time of the request and any balance that may be due can be paid at the time of pickup. I also understand I will need to provide photo ID at the time of pick up.

Name of individual requesting records: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Copy of Photo Id Attached

<b>For Office Use Only:</b>	
_____	Signature of Physician approving release of records.
_____	Signature of staff that printed records.
_____	Signature of staff that collected payment of \$_____.
_____	Signature of staff that released records to above individual.