

PENGUIN PEDIATRICS

44095 PIPELINE PLAZA SUITE 410 ASHBURN VA 20147
 24600 MILLSTREAM DRIVE SUITE 460 STONE RIDGE VA 20105
 PHONE 571-223-2229 FAX 855-830-1726

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION_____
(Print patients full name)_____
Birth date (Month/Day/Year)_____
(Street address)_____
Social security number_____
(City, state, zip code)_____
Phone (Home)_____
(Parent/Guardian if Patient <18 years)_____
Chart #

At the request of the individual, I _____, do hereby authorize _____ to release:

*(Patient's Name)**(Name of Previous Provider)*

Name of Facility: _____ **Fax Number:** _____
(Name of Previous Facility/Organization) *(Previous Provider Fax Number)*

SERVICE DATES OF _____
 WELL CHILD VISITS PATWLAB REPORTS IMMUNIZATIONS ONLY
 SICK CHILD VISITS RADIOLOGY REPORTS LAST 3 YEARS
 ALL OFFICE VISITS ENTIRE CHART OTHER

PENGUIN PEDIATRICS PLLC

INFORMATION RELEASED TO:

24600 MILLSTREAM DRIVE SUITE 460**STONE RIDGE VA 20105** **855-830-1726**

E-DELIVERY (email address) _____

PURPOSE OF DISCLOSURE: REFERRAL TO SPECIALIST LEAVING PRACTICE RELOCATION/MOVING

OTHER (SPECIFY) _____

Please provide current telephone number in the event we need to contact you: _____

I hereby authorize disclosure of the health information for the above-named patient. This authorization is valid for 12 months from the date of signature. I understand that may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individual or guardian or_____
Date

Personal Representative of patient's estate Power of Attorney Must Be Attached

MEDICAL INFORMATON RELEASE

ROI SPECIALIST

DATE
