



INSTRUCTIONS FOR OFFICE RELEASE OF IMMUNIZATION RECORD

Immunization records may be obtained, FREE OF CHARGE, on your child's patient portal

(<https://swcc.pcc.com/portal>).

If you do not already have a portal for your child set up, please contact our office for assistance.

If you need for Southwest Children's Center to release or print an Immunization Record on your behalf for your child, there is a fee of \$5.00, per patient, per record. Please complete the form and follow the instructions below for the Immunization Record Release.

1. Complete the 'Authorization to Release Immunization Record' form.
2. Call the office to pay the Immunization Record release fee.
3. Once the form and payment are received, the release will be processed. The turnaround time for release of immunization records is 3-5 business days. One of our staff members will notify you by phone (to the number provided on the Immunization Record release) once the release is completed. It is advisable that you contact us if you have not been contacted by one of our staff members by the end of the turnaround time.

Please note that ONLY parent(s)/guardian(s) and individuals named on the Minor Authorization Form will be permitted to request records. The Minor Authorization Form can be found in the New Patient Packet on the website under 'Information and Forms.'



SOUTHWEST CHILDREN'S CENTER

AUTHORIZATION TO RELEASE IMMUNIZATION RECORD

IMMUNIZATION RECORD REQUESTED FOR: <i>(please print)</i>			
First Name:	Middle Name:	Last Name:	
Date of Birth: _____ / _____ / _____ <small>MONTH DAY YEAR</small>	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Phone Number:	
Current Address:	City:	State:	Zip:

REQUESTOR'S INFORMATION (PERSON REQUESTING RECORDS) <i>(please print)</i>			
<i>If record requested is for a minor under 18 years of age, please state your relationship to the minor in the Requestor's Relationship field. Requestors are limited to Parents, Legal Guardians and Managing Conservators for the child.</i>			
Requestor's Name:	Requestor's Relationship:		
Address:			
City:	State:	Zip:	Phone Number:
By signing this agreement, I _____, hereby authorize Southwest Children's Center, P.A. <small style="text-align: center;">(Print name of Requestor)</small> to release the official immunization record for the patient named above.			

THIS IMMUNIZATION RECORD IS TO BE RELEASED AND SENT TO THE FOLLOWING:	
Send the Immunization Record to: (Choose One of the Following) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> School (may not be sent by e-mail) <input type="checkbox"/> Self </div> <div style="width: 45%;"> <input type="checkbox"/> Daycare/Childcare Center (may not be sent by e-mail) <input type="checkbox"/> Other _____ </div> </div>	
Send Official Immunization Record by: (Choose One of the Following) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Walk-in / In Person <input type="checkbox"/> FAX (indicate fax number below) </div> <div style="width: 45%;"> <input type="checkbox"/> Mail (indicate physical address below) <input type="checkbox"/> E-Mail (indicate e-mail address below) </div> </div>	
<input type="checkbox"/> Address (if record is to be mailed): Name /Organization: _____ Recipient / To the Attention of: _____ Address: _____ City, State Zip: _____	<input type="checkbox"/> Fax Number (if record is to be faxed) Fax to the Attention of: _____ <input type="checkbox"/> E-mail (if record is to be e-mailed) E-mail to the Attention of: _____
Requestor's Signature:	Date:

For Office Use Only:	
Date Request Received:	Staff Initials:
Fee Paid:	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
Date Record Released:	Staff Initials:
Date Requestor Notified:	Staff Initials: