Chelmsford Pediatrics LLC

7 Village Square / 1385 Lakeview Avenue
Chelmsford, MA 01824 / Dracut, MA 01850
TEL: (978) 256 - 4363 FAX: (978) 256 - 1565

Sheila Morehouse, M.D. F.A.A.P. Eric Meikle, M.D. F.A.A.P.
Jaymi Formaggio, M.D. F.A.A.P. Megan Cardoso, M.D. F.A.A.P.
Jacques Sulahian, M.D. F.A.A.P. Rachael Piccioli, CPNP-PC
Rebecca T. Kulah, FNP-BC Lindsey Gallagher, FNP

AUTHORIZATION TO RELEASE MEDICAL RECORDS

FEE $20.00 MAILING FEE $5.00

Name(s) _____

Date(s) of Birth _____

Address _____

Telephone _____

NAME AND ADDRESS OF NEW PHYSICIAN

ENSURE YOUR NEW PCP ACCEPTS RECORDS ON DISK. IF DISK IS TO BE MAILED THERE IS AN ADDITIONAL FEE

_____

_____

Reason for Request (Please circle one):

Moving/moved Age 18+ Insurance change More Convenient Location Own Records

Other (please explain) _____

_____ _____

Signature of patient (if 18+) or Parent/Guardian Date

This consent does not pertain to the following sensitive information without my specific consent and signature in the space below:

**Abortion *HIV Testing *Sexual Assault *Mental Health *Sexually Transmitted Diseases *Infertility Studies *Drug/Alcohol Abuse *Domestic Assault/Abuse*

I hereby authorize Chelmsford Pediatrics, LLC to release the above sensitive information:

Signature _____ Date _____

Note: This authorization may be revoked at any time in writing. This authorization expires in 90 days. Additional authorization for re-disclosure beyond recipient is required.

THIS OFFICE ONLY RELEASES RECORDS THAT ARE OUR ORIGINAL RECORDS. RECORDS ARE NOT FAXED UNLESS MEDICALLY NECESSARY. ALL RECORDS WILL NEED TO BE PICKED UP AT CHELMSFORD OFFICE