

# Valley Pediatric Group, PLC

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## Release of Health Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### The Information Covered By This Release Includes:

Only the following information (For example: Specific dates of service, type of service):  
\_\_\_\_\_

**ALL INFORMATION** including History, Examinations, Results, Diagnoses, Treatments and Records sent to VPG from another facility. Records of the types listed below require your initials for consent to release.

### Include: (Indicate by Initialing, even if you think there are no applicable records)

\_\_\_\_\_ Drug, Alcohol or Substance Abuse Records  
\_\_\_\_\_ Mental Health Records including ADHD, Depression, Anxiety, etc. (Except Psychotherapy Notes)  
\_\_\_\_\_ HIV/AIDS-Related Information (Including HIV/AIDS Test Results)

**Purpose of Release:**      Transfer of Care      Other: \_\_\_\_\_

### I Hereby Authorize:

### To Release To:

\_\_\_\_\_  
Name of Physician, Organization or Person

\_\_\_\_\_  
Name of Physician, Organization or Person

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone / Fax #

\_\_\_\_\_  
Phone / Fax #

\_\_\_\_\_  
Print Name of Responsible Party

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Date

**This Release Will Expire**

\_\_\_\_\_  
\*If no date is given, release will terminate  
1 year from date signed.

### **Privacy Rights Regarding This Authorization      *\*Please Accept My Facsimile Signature As The Original\****

1. You do not have to sign this release to receive treatment at Valley Pediatric Group, PLC. In fact, you have the right to refuse to sign this release.
2. When your information is used or disclosed pursuant to this release, it may be subject to re-disclosure by the recipient and may no longer be protected by the Federal HIPAA Privacy Rule.
3. You have the right to revoke this release. To do so you must indicate your wish in writing, submitted to the Privacy Officer at Valley Pediatric Group, PLC, 108 Community Drive, Waynesboro Virginia 22980. If we have already disclosed your information we will not be able to retrieve it.
4. Valley Pediatric Group, PLC will not receive payment or other remuneration from a third party in exchange for using or disclosing your information except to cover the cost of copying, mailing, etc.
5. Your information may be released in paper or electronic form.