

# Triangle Pediatric Center, P.A.

105 Ridgeview Drive  
Cary, NC 27511

Phone: (919)467-5543 Fax: (919)469-2391

**Must Fax or Email to: [medicalrecords@tripeds.com](mailto:medicalrecords@tripeds.com)**

<b>PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION</b>
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**Request records from:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The type of information to be used or disclosed is as follows (check all that applies):

- All Records (including any physical exams/office visits, summary of vaccines, growth measurements, medication list, and problem list.)
- Records only from (date): \_\_\_\_\_ to (date): \_\_\_\_\_
- Other: \_\_\_\_\_

**To be Released to:** Triangle Pediatric Center, P.A.

105 Ridgeview Drive  
Cary, NC 27511

By signing you agree to the following: The information in my health records may include information relating to sexually transmitted disease, behavior/mental health services, or alcohol/drug related issues. Triangle Pediatric Center, P.A. assumes no responsibility for the use or misuse by others of the health information disclosed under this authorization. I release Triangle Pediatric Center, P.A. from all legal liability that may arise from this authorization. This authorization will expire on the date of the release by the above organization. I revoke the authorization, or 6 months (180 days) from the date of signature indicated below, or whichever occurs first.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian    Relationship to Patient    Date

**(Must be a hand written signature.**

**Typed signatures will not be accepted)**

**(Patient signature only if they are 18yrs or older)**

<b>Patient Information</b>
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1. \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(Patient Name)

2. \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(Patient Name)

3. \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(Patient Name)

4. \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(Patient Name)

5. \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(Patient Name)

NOTE: If records are more than 99 pages, DO NOT FAX, please mail.