LANSING PEDIATRIC ASSOCIATES, P.C.
2414 Lake Lansing Road, Lansing, MI 48912
Phone: 517 371 4712 - Fax: 517 371 3116

AUTHORIZATION for RELEASE /EXCHANGE of MEDICAL RECORDS
~Records OUT from LPA~

1. Patient Name:_____ DOB:_____

2. Patient Name:_____ DOB:_____

3. Patient Name:_____ DOB:_____

List additional child(ren) and DOB below:

Address:_____ City:_____ State:_____

Email Address: _____ Phone:_____

I authorize Lansing Pediatric Associates to release medical information to:

Name:_____ Phone:_____

Address:_____

City:_____ State:_____ Zip:_____ Fax:_____

* *

SECTION A: Please check the appropriate transfer reason:

_____ Transfer Care to Another Physician – List date new physician will be effective_____.
(Once we have completed your record transfer, per your request, we are no longer your child's physician.)

_____ Immunization Record Only (Currently there is no fee to copy immunization records UNLESS the chart has been sent to off site storage. The current fee for offsite immunization information retrieval is $5.00 per child. This fee is subject to change.)

_____ Exchange of Information Only (Exchange of information may be in the form of: written records, faxed information, telephone conversations, or in person. Patient may revoke this release at any time by providing notice in writing to Lansing Pediatric Associates.)

_____ Copy of Records for Personal Need - If needing only specific dates of service or specific visit type, specific here (example: all Ill visits or all exam visits listing the date range):

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SECTION B: How I want to receive my records: All requests will be acted upon within 3-5 business days (please check one):

___ Mailed to the release address above ____ Pick up ____ Emailed ____ Patient Portal (coming soon)

* *

SECTION C: Fee Information: (All Fees are subject to change)

The fee for copying records is $20.00 per patient.

If the patient record is off site – and patient is requesting a copy of ONLY one visit, the fee is $5.00.

If your records have been transferred to an off site storage facility, there is an Additional retrieval fee of $30.00 per chart.

* *

_____
Print name (Patient/Guardian signing form)

_____ _____ _____
Signature Relationship to Patient Date
(If patient Is 18 years old, patient must sign themselves.)