Gold Pediatrics LLC

15005 Shady Grove Rd., Suite 450
Rockville, MD 20850
Errol K. Douglas, M.D., F.A.A.P.
(301)517-9710 Phone (301)517-9713 Fax

Patient Request for Medical Records Form
Authorization to Disclose/Release Protected Health Information

Patient(s) Name: ______________________ Date(s) of Birth: ______________
______________________ ______________
______________________ ______________

Patient(s) Address: ______________________ Acct.(s)/Chart(s): ______________
Street Address ______________
____

______________________ Phone Number cell: ______________
City, State, Zip Code home: ______________

For Record Release: By signing this authorization, I authorize the entity entered below to disclose (PHI) protected health information about myself and/or child(ren) to Gold Pediatrics LLC. It is my right to revoke this authorization at any time, in writing to the address listed below provided the requested information has not yet been disclosed/released.

____
Previous Provider/Specialist

____
Street Address

____
City, State, Zip Code

____
Phone# Fax#

Release Records to: **GOLD PEDIATRICS LLC**
If provider uses eClinical Works please send records via eCW P2P or 15005 Shady Grove Road, Suite 450 Rockville, Maryland 20850

Information to be Released:

[ ]All Records	[ ]Labs	[ ]Dates of Service:______________
[ ]X-ray(s)	[ ]Growth Charts	[ ]Immunizations
[ ]Pre Op.	[ ]Most Recent WCC	[ ]Other:______________

Reason for Record Release:

[ ]Provider Change	[ ]Moved	[ ]Insurance Change
[ ]Other		

______________________ ______________________ ______________
Signature of Patient or Legal Guardian Printed Name of Patient of Legal Guardian Date

This authorization permits: Gold Pediatrics LLC at 15005 Shady Grove Road Suite 450 Rockville, MD 20850 to use information requested from and disclosed by the above listed Provider/Specialist. I understand that this authorization is valid for one year from the date on which it was signed.

FOR INTERNAL PURPOSES ONLY: NAME & TITLE OF PERSON SUBMITTING REQUEST FOR RECORDS:______________________

□FAXED □EMAILED □MAILED

TO:______________________ ON:______________________