Adolescents Babies Children
ABC PEDIATRICS

5333 W. Unversity Drive McKinney, TX 75071 972 569-9904 phone 972 569-9943 fax
ABCPediatrics-McKinney.com

Medical Records Release

I understand that my child's medical records are confidential and cannot be disclosed without my written authorization, except otherwise provided by law.

I hereby voluntarily authorize the release of the following information from the medical record of:

Patient Name	Birth date
Patient Name	Birth date
Patient Name	Birth date
Patient Name	Birth date

The information specified below may be released to/from:

Name : _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____ Fax: _____

Specific information to be released: (Please check all that you are requesting be released)

_____ Complete Medical Record for this Office
_____ Growth Chart Only
_____ Other (Please List) _____
_____ Immunization Records Only
_____ Diagnostic Testing & Results

[ ] I WANT [ ] I DO NOT WANT (please check one) you to INCLUDE information pertaining to the diagnosis and/or treatment of HIV testing, AIDS, psychiatric illness, and alcohol and/or chemical abuse and dependency if any.

- I understand I will be charged a fee if the medical records are mailed more than once.
- I understand that a photocopy or facsimile of this authorization is as valid as the original.

_____ _____
Date Signature of Parent

_____ _____
Date Witness

Thank you in advance for sending this information promptly.

Revised 02/14