

Panorama Pediatric Group, RLLP

220 Linden Oaks, Suite 200
Rochester, NY 14625
(585) 381-4848

Request for Release of Medical Records

Patient Name _____ **Date of Birth** _____ **Phone #** _____

Purpose of Disclosure:

☐ Transferring to another physician ☐ Referral to specialist ☐ Other:

If Transferring Out of Our Office To Another Doctor, Please Indicate The Reason:

☐ Transferring to an Internist ☐ Insurance Issue ☐ Moving: New Address:
☐ Other (please specify):

I authorize Panorama Pediatric Group, RLLP to disclose the following protected health information
(select one box only):

☐ **Recommended - Medical Record Summary:** immunizations, growth charts, allergies, medications, problem list, past medical, family, and social history, & the last 3 years of office visits, physicals, labs, x-rays, and specialist reports
(may include information relating to mental health, alcohol/drug treatment and/or confidential HIV/ AIDS information)

☐ Complete Medical Record (which may include information relating to mental health, alcohol/drug treatment and/or confidential HIV/AIDS information)

☐ Complete Medical Record with the following exceptions (please specify):

☐ Other (please specify):

Method of Delivery (please allow us up to 10 business days to complete your request):

☐ Please mail records to:

Name _____ Phone # _____ Fax (optional) _____
Address _____ Town, State, Zip _____

☐ I will pick-up records when they are ready.

Name _____ Phone # _____
(Photo ID is required when picking up records)

FOR ALL PATIENTS 12 YEARS AND OLDER, THE PATIENT' S SIGNATURE IS REQUIRED:

Signature of Patient (required for age 12 or over)

Date

Signature of Parent/Legal Guardian (required for under age 18)

Date

Print Name of Parent/Legal Guardian

Relationship to Patient

Expiration Date: This authorization will expire 1 year after the date signed or until the following event/date_____.
PPG policy is to provide one copy of the medical record at no charge when our patients transfer to another physician. The cost for copies requested for other purposes, or for additional copies, will be \$0.75 per page, as described in NY Public Health Law §17.