Pediatric Associates of Charlottesville, PLC
Patient Authorization for Pediatric Associates of Charlottesville to Release Protected Health Information to Other Physicians/Third Parties

Patient	Name DOB
Where should the information be sent?	Name of Physician/Third Party Name of Practice/Hospital Telephone Number Fax Number Address City State Zip
Who has the medical records you would like released?	Pediatric Associates of Charlottesville 1011 East Jefferson Street Charlottesville, VA 22902 Telephone: (434) 296-9161 Fax: (434) 977-6068
Information to be disclosed?	___ All (including records related to mental health, HIV, alcohol or drug abuse) ___ All (except records related to mental health) ___ Office notes ___ Diagnostic tests ___ Immunization Record ___ Lab reports ___ Radiology reports ___ Communication ___ Other: _____ ___ Dates of Service: _____
Reason for disclosure?	___ Insurance change ___ Moving out of area ___ Leaving practice ___ Referral to specialist ___ Court/Custody case ___ Second opinion ___ Other: _____
Revocation	I understand that this authorization will be in effect for 12 months unless canceled by me in writing, and that my cancellation will take effect when the provider receives my notice in writing.
Authorization	I hereby release and authorize Pediatric Associates of Charlottesville, PLC to release the medical records of the dependent(s) listed above (or self if 18 years or older) to the location listed above. I hereby state that I am the parent or court appointed legal guardian and have the legal right to make or retract healthcare decisions regarding the patient(s) listed above, and that my parental authority has not been terminated or restricted by the courts. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization. Patient/Parent/Legal Guardian's signature_____ Date: _____ Name of signee: _____ Relationship to patient: _____ *The Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by my written consent, or as otherwise permitted by 42 CFR Part 2.*