Medical Records Release and Authorization for Disclosure of Protected Health Information

Please complete this entire form for release of medical records. Medical records from RVA Pediatrics, PC are processed on disk in the PDF format. If paper records are requested, there will be a charge of $30. Please allow 7-10 business days for transfer of records.

Release Records From:
Name: _____
Address: _____
_____
Phone: _____ Fax: _____

Release Records To:
Name: _____
Address: _____
_____
Phone: _____ Fax: _____

Patient Information:
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Address: _____ Phone: _____
_____

Information to be covered by this release:
☐ Entire Record ☐ Last Well Exam ☐ Immunizations
☐ Psychological Notes ☐ Gene Testing ☐ Newborn Records
☐ Laboratory Reports ☐ Other: _____

Please tell us your reason for this records transfer:
☐ Moving Out of Area ☐ Insurance Change ☐ For Personal Use
Other: _____

I, _____ (print), understand that once this Protected Health Information (PHI) is released by our office, this information may be subject to re-disclosure and is no longer protected by Federal or State law. I understand that I have the right to revoke this release by notifying RVA Pediatrics, PC in writing.

_____ _____ _____
Print Name of Patient or Guardian Signature of Patient or Guardian Date

(**PATIENTS 18 YEARS OF AGE OR OLDER MUST SIGN RELEASE**)

RVA Pediatrics, PC – Medical Records
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FAX: (804)754-0880