

R & R PEDIATRICS, PLLC

Location: HWY 55
3100 NC HWY 55 Ste# 202
Cary, NC 27519
Phone: (919) 367-9833
Fax: (919) 367-9832

Location: Carpenter Fire Station
7560 Carpenter Fire station Rd Ste#201
Cary, NC 27519
Phone: (919) 367-9834
Fax: (919) 367-9832

RECORDS RELEASE REQUEST

[Authorization for Request and Use of Protected Health Information (PHI)]

By signing this form I hereby authorize R & R Pediatrics, PLLC to request and use the PHI described below for the following patients:

Name: _____ Sex: _____ DOB: _____ MR: _____
Name: _____ Sex: _____ DOB: _____ MR: _____
Name: _____ Sex: _____ DOB: _____ MR: _____
Name: _____ Sex: _____ DOB: _____ MR: _____

(Medical Record#)

Name of Clinic, Organization or PHYSICIAN from whom information should be requested:

Address: _____
Street _____ State: _____ ZIP: _____
Phone: _____ Fax: _____

Purpose of the request:

Continuity of Care Employment Life or Disability Insurance other _____

Information to be requested from the dates: _____ to _____

Check mark all applicable:

- Entire medical record (including records from other office) Immunization records
- Consults Laboratory test results Medical forms completed Medications
- Entire medical record with the following exceptions

Specific authorization for release of information protected by state and federal law:

I hereby authorize the release of data and information relating to: (check any that may apply)

- Substance abuse, if any Psychiatric/mental health, if any,
- HIV/AIDS, if any.

I understand that I may revoke this authorization at any time (by notifying R & R PEDIATRICS, PLLC designated privacy officer), and that unless an earlier date is specified, it will automatically expire 12 months after the date affixed below. A copy of this authorization is as valid as the original.

Signature of patient/parent/guardian: _____
Name: _____ **Date:** _____

NOTE: DO NOT FAX IF THE RECORD IS MORE THAN 20 PAGES, PLEASE MAIL THE RECORDS.