

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name:		Date of Birth:	Phone Number:
l hereby a	uthorize the	release of my (my child's) following medica	l records:
ALL RECORDS Immunization Records Laboratory/X-ray Reports		HIV/STD Records Psychiatric/Mental Health Records Alcohol/Substance Abuse Records	Mutual Exchange of Information Other:
Records From:		Progressive Pediatrics P.O. Box 437 Clarkston, WA 99403	
I hereby reque	est and authoriz	e you to furnish all the requested medical inforr	nation to:
Records To:	Clinic/Phy	sician	
Clinic/Physician Address			
ACKNOWLEDGEI	MENT OF UNDERS I understa transmitte released. I understa notification I understa care. I understa request th	nd that my (my child's) records may contain information reg d diseases, drug and/or alcohol abuse, mental illness, or p nd that I may revoke this authorization at any time by notify n except to the extent that action has already been taken. nd that by authorizing this use or disclosure of information, nd that Progressive Pediatrics cannot limit or control the su	parding the diagnosis or treatment of HIV (AIDS virus), other sexually ychiatric treatment. I give my specific authorization for these records to be ing the providing organization in writing, and it will be in effect on the date of there will be no conditions placed on my health care or payment for my health bsequent use or dissemination of medical information by the party to whom I itary act by me. I hereby release Progressive Pediatrics and its staff from all
PARENT OR GUARDIAN:(If patient is 13 years or younger)			DATE:
CONSENT OF MINOR AGED 13-17 If the patient is 14 years of age or older, only the patient may authorize the disclosure of information to treatment for contraception, pregnancy termination, sterilization, sexually transmitted diseases, mental health conditions, alcoholism, or drug abuse. I understand that my signature below authorizes the release of this information. PATIENT SIGNATURE: DATE:			
	PLEASE ALLOW 30 WORKING DAYS FOR COPYING AND PREPARING OF RECORDS		