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

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| Patient | Name DOB |
| Who has the medical records you would like released? | Name of Physicians / Third Party Name of Practice / Hospital<br>Telephone Number Fax Number<br>Address<br>City State Zip |
| Who has the medical records you would like released? | Pediatric Associates of Charlottesville<br>71 Jefferson Ct<br>Gordonsville, VA 22942<br>Telephone: (540) 406-4100 Fax: (434) 296-1036 |
| Information to be disclosed? | _____ All (including records related to mental health, HIV, alcohol or drug abuse)<br>_____ All (except records related to mental health)<br>_____ Office notes _____ Diagnostic test _____ Immunization Record<br>_____ Lab reports _____ Radiology reports _____ Communication<br>_____ Other:_____<br>_____ Dates of Service: _____ |
| Reason for disclosure? | _____ Insurance change _____ Moving out of area _____ Leaving practice<br>_____ Referral to specialist _____ Court / custody case _____ Second opinion<br>_____ Other:_____ |
| Revocation | I understand that this authorization will be in effect for 12 months unless canceled by me in writing, and that my cancelation will take effect when the provider receives my notice in writing. |
| Authorization | I hereby release and authorize the location listed above to release the medical records of the dependent(s) listed above (or self if 18 years or older) to Pediatric Associates of Charlottesville, PLC. 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.<br>My treatment or payment for my treatment cannot be conditioned on the signging of this authorization.<br>Patient / Parent / Legal Guardian's signature _____ Date:_____<br>Name of signee: _____Relationship to Patient: _____<br>*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.* |