

# Request for Medical Records

Records will only be sent to the patient themselves, verified medical or record keeping facilities, or to parents or guardians expressly listed on the HIPAA Agreement in the patient's chart. All fields required unless otherwise stated. NO EXCEPTIONS.

## Patient Information:

Patient's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

## Records Needed: (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> All Records        | <input type="checkbox"/> All Well Visits    | <input type="checkbox"/> All Acute Visits    |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Inpatient Reports  | <input type="checkbox"/> Vaccination Records |
| <input type="checkbox"/> Growth Charts      | <input type="checkbox"/> Other (List) _____ |  |

Date Range (Check ONE): ☐ Last 3 Years -OR- ☐ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Reason for Request: (REQUIRED)

\_\_\_\_\_  
\_\_\_\_\_

## Method of Delivery: (Check ONE):

Name of Recipient: (office, company, person) \_\_\_\_\_

- ☐ Fax to: \_\_\_\_-\_\_\_\_-\_\_\_\_ ☐ In-Person Office Pickup\* ☐ Mail to Patient Address\*  
☐ Mail to following address:\*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

\*Paper records have a fee of \$15

## Requestee Information:

Name of Parent/Guardian: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

*If requesting your own medical records, list your name and list relation as "self"*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This request and authorization for release is valid only for the records requested within the time frame specified above. This form may be submitted by sending it to our office by Fax (727-344-0632), our Secure Inbox (<https://sendsafe.to/office@salomonpediatrics.com>), or by delivering the completed form to the front desk in-person. Records will be sent or prepared for in-person pickup no later than 30 days from the date of this form's submission, unless you are otherwise notified. If payment is required, records will not be sent or released until a full payment is made to our office via any accepted method of payment. Records cannot be sent via email due to HIPAA privacy guidelines.

## Office Use only:

Date Received:

Date of Payment:

Date Records Sent:

☐ Fax ☐ Mailed ☐ Pickup