



Jill Abt, M.D.

Elaina Howell, N.P.

James Mulholland, D.N.P.

Laurie Shin, M.D.

Melissa Beisheim, M.D.

Crystal Klumpp, N.P.

Kevin O’Gara, M. D.

Danielle Stratton, D.N.P.

Kaley Grammatico, N.P.

Olutoyin Malomo, M.D.

Adam Schulenberg, N.P.

Karla Suter, M.D.

**AUTHORIZATION FOR RELEASE of MEDICAL RECORDS**

**PURPOSE OF THIS REQUEST:**

I am transferring care to Dr.: \_\_\_\_\_

Reason: \_\_\_\_\_

**I authorize ENGLISH ROAD PEDIATRICS to:**

SEND My Medical Records to:

OBTAIN My Medical Records from:

Physician’s Name: \_\_\_\_\_

Practice’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This request includes the medical records summary, which includes immunizations, medication lists, allergies, growth charts, physicals, recent office visits, labs, x-rays, specialist reports. This may also include information relating to mental health, alcohol/drug treatment, and confidential HIV/AIDS information.

Additional items requested: \_\_\_\_\_

Exceptions, if any: \_\_\_\_\_

**I understand that:**

- ◆ This authorization will expire one year from the date above unless otherwise stated.
- ◆ I may cancel this authorization at any time by submitting a written request to the English Road Pediatrics address above, except where a disclosure has already been made in reliance on my prior authorization.
- ◆ There may be a charge for the request of copies of medical record information.

**By signing below, I acknowledge that I have read and understand this Authorization.**

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ Gender: M/F/Other

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_; Email: \_\_\_\_\_

**INSURANCE COVERAGE:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

Signature of Patient, if 18+ years of age: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian’s Name (Print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_