

The Phoenix Children's Center, Ltd.

1661 E. Camelback Rd., Ste 170
Phoenix, Arizona 85016
Phone: (602) 263-9550 Fax: (602) 263-8212
www.phxchildren.com

REQUEST FOR RELEASE OF MEDICAL INFORMATION

Patient's Name: _____ DOB: _____
Patient's Name: _____ DOB: _____

Release From/To

Release To/From

Name of clinic/provider/parent/self

Street Address

City State Zip Code

Phone Fax

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Reason for the request of medical records:

- _____ School Registration
- _____ Moving out of the area
- _____ Changing Provider
- _____ Insurance Change
- _____ Parent/Legal Guardian Copy
- _____ Legal

Please check which records that you would like to be included: (check all that apply)

****Please allow 10 business days for your request to be completed****

Charges are as follows \$1.00 for the first 20 pages, after that it will be .30 per page. For any X-ray or lab reports it will be charge of \$3.00. There is also a flat fee of \$15.00 for postage and handling. All monies due upon completion.

_____ All Medical Records

_____ Copies of Records from ___/___/___ to ___/___/___
Mo Day Year Mo Day Year

_____ Immunization Records (no charge if in office)

_____ Labs or X-ray reports

_____ Other (please specify) _____

I authorize the release of photocopies of the following records listed above in the possession or control of The Phoenix Children's Center, its employees or agents. FOR PURPOSES HEROF, "MEDICAL RECORDS: SHALL INCLUDE ALL CONFIDENTIAL HIV-RELATED INFORMATION (AS DEFINED IN A.R.S SECTION 36-661), CONFIDENTIAL COMMUNICABLE DISEASE-RELATED INFORMATION (AS DEFINED IN A.R.S SECTION 36-661), CONFIDENTIAL ALCOHOL OR DRUG ABUSE RELATED INFORMATION (AS DEFINED IN 42CFR SECTIN 2.1 ET SEQ.) AND CONFIDENTIAL MENTAL HEALTH DIAGNOSIS/TREATMENT INFORMATION. This consent will expire in six month after the signed date below. I have given my consent freely, voluntarily and without coercion. I may revoke this authorization at any time provided I notify The Phoenix Children's Center.

Patient/Parent/Legal Guardian

Relationship to Patient

Signature

Today's Date