

Great Destinations Pediatrics, P.C.  
7757 W. Deer Valley Rd • Suite 275 • Peoria, AZ 85382  
Telephone: (623)-878-2800 • Fax: 623-878-9150  
www.gdpeds.com

## Authorization to Release Medical Information to Great Destinations Pediatrics, PC

**Patient Information:**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

I hereby authorize Great Destinations Pediatrics, PC to RECEIVE photocopies of medical records concerning the above named patient (s) FROM:

<p><b>Practice/ Company or Person(s) authorized to release records:</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Phone:</b> _____ <b>Fax:</b> _____</p> <p><b>For the purpose of:</b></p>
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(Check all that apply)

Records to be included:

\_\_\_\_ All Medical Records

\_\_\_\_ Copies of Medical Records for the Period: \_\_\_\_\_ to \_\_\_\_\_  
Mo Day Year Mo Day Year

\_\_\_\_ Copies of Information described below for the Period: \_\_\_\_\_ to \_\_\_\_\_  
Mo Day Year Mo Day Year

\_\_\_\_ Immunization Record

\_\_\_\_ Consult Reports

\_\_\_\_ Lab, X-Ray

\_\_\_\_ Other (Please Specify) \_\_\_\_\_

\_\_\_\_ The following information should **not** be released (Please Specify) \_\_\_\_\_

In accordance with federal regulations, I hereby consent to the release of records pertaining to treatment/diagnosis of the following should records contain this information: Condition relating to drug and/or alcohol abuse, condition related to psychiatric/psychological treatment, AIDS/HIV, and communicable diseases.

This request will remain in effect for 1 year from the date of this request.

I understand that I may revoke this authorization at any time in writing except to the extent that action based on this authorization has already been taken.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship (parent, legal guardian, etc...)