

## Medical Records Request Form For Treatment Purposes

**From: Another Facility**  
**To: Summit Pediatrics**

*Fill out this form and send to your child's previous doctor*

Date: \_\_\_\_\_

To: \_\_\_\_\_  
 Practice/Doctor name                      office phone                      office fax

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State and Zip

*Please forward copies of medical records on the patients named below to:*

**Summit Pediatrics**  
**F. Clark Cantrell, MD**  
 707 Whitlock Avenue/Ste. F-2  
 Marietta, GA 30064  
 (P) 770-943-9150 / (F) 877-347-4158

Patient Name	Date of Birth

\_\_\_\_\_  
 Signature of Patient/Parent/Guardian

\_\_\_\_\_  
 Printed Name

**HIPPA Notice:** According to HIPAA guidelines, patient consent or authorization is **not** required for transfer of records for treatment purposes. A HIPAA-specific request is not required, since not even the patient's permission is required. The Privacy Regulation specifically states that a covered entity "is permitted to use or disclose protected health information" for "treatment, payment, or health care operations," without patient consent. As HHS explains, "treatment" includes "consultation between health care providers regarding a patient and referral of a patient by one provider to another." HHS further states that providing health records to another health care provider for treatment purposes "can be done by fax or other means." §§164.502(a)(1)(ii), 164.506(a), [www.hhs.gov/ocr/privacysummary.pdf](http://www.hhs.gov/ocr/privacysummary.pdf)