



Summit Pediatrics
F. Clark Cantrell, MD
 3515 Dallas Highway, Suite C
 Marietta, GA 30064
 (P) 770-943-9150
 (F) 770-218-0278
www.summitpediatricsga.com

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
 3515 Dallas Highway, Suite C
 Marietta, GA 30064
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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