F. Clark Cantrell, Jr., M.D.
3515 Dallas Highway, Suite C
Marietta, GA 30064
Tel:770-943-9150/Fax:770-218-0278

AUTHORIZATION TO RELEASE/REQUEST HEALTH INFORMATION

I hereby authorize Summit Pediatrics, LLC. To disclose the following information from the health record of:

Patient Name:_____ DOB:_____
(Please Print)

Current Address:_____
(Street/PO Box) (City) (State) (Zip Code)

Home Phone: (_____)_____ Cell Phone:(_____)_____

PLEASE NOTE: Only information and/or records generated from this practice can be released.

□ Complete Medical Record _____(int) Also Include: □ Labs _____(int) □ X-Rays _____(int)

□ HIV Information _____(int) □ Psych _____(int) (MUST CHECK & INITIAL BY EACH REQUEST)

Authorize Information Release Form:

SUMMIT PEDIATRICS, LLC

3515 DALLAS HWY, SUITE C

MARIETTA, GA 30064

Tel:(770) 943-9150 Fax:(770) 218-0278

Please Send My Records To:

_____

_____

_____

Tel:_____

Fax:_____

Purpose of Release
If you are changing physicians, please mark the reason for the transfer (check all that apply)

_____ Office Location _____ MA/Nurse _____ Physician/NP _____ Age of Children

_____Office Personnel _____ Moving _____ Insurance Change _____ Appt. Availability

_____ Wait Time _____ Other:_____

I understand that the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information might be re-disclosed without obtaining my authorization. I understand that I have the right to receive a copy of this authorization. I also may refuse to sign this authorization and that treatment, payment, enrollment in a health plan or eligibility for health care benefits may not be contingent on my signing this authorization. I may revoke this authorization at any time, except to the extent that the person(s) and/or organization(s) listed above may have already acted in reliance upon this authorization.

_____ _____
PRINT: Patient/Guardian/or Legal Representative Relationship to Patient

_____ _____
SIGNATURE: Patient/Guardian/or Legal Representative Date