

Southfield Pediatric Physicians

Bingham Farms * Novi
31500 Telegraph, Ste 105
Bingham Farms, MI 48025
(248) 540-8700
Fax: (248) 540-8701

Authorization to Obtain Records

| | | | |
|------------------|--------------|------------------|--------------|
| _____ Patient | _____ DOB | _____ Patient | _____ DOB |
|------------------|--------------|------------------|--------------|

| | | | |
|------------------|--------------|------------------|--------------|
| _____ Patient | _____ DOB | _____ Patient | _____ DOB |
|------------------|--------------|------------------|--------------|

I, _____, as parent, guardian authorize Southfield Pediatrics to
parent/guardian
obtain records from:

Dr.: _____

Address: _____

Phone: _____ Fax: _____

Please mail or fax records to Southfield Pediatrics
31500 Telegraph Road, Ste 105 Bingham Farms, MI 48025
Fax: (248) 540-8701

I authorize release of the entire medical record including drug, chemical dependency, alcohol abuse, mental health, communicable disease including sexually transmitted disease and any and all other records in accordance with Federal Regulations.

I expressly authorize information concerning the following serious communicable diseases to be released.
HIV

AIDS-Related Complex (ARC)

Acquired Immunodeficiency Syndrome (AIDS)

Parent/Guardian/Patient Signature

Date

This information has been disclosed to you from records and whose confidentiality is protected by Federal Law. Federal regulation(42 CFR Part 2 and Public Act 258) prohibit from making further disclosure of it without the specific written consent of the person to whom it pertains, or otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. This authorization is valid for one year from the date of request unless otherwise revoked in writing to Southfield Pediatric Physicians.