Medical Record Release Policy

Gvozden Pediatrics, PA

Gvozden Pediatrics will provide a summary of our patients' medical care at no additional fee. This includes past medical history, growth charts, immunization records and relevant specialist notes. To request this medical summary, please fill out the form on the following page.

If you require the entirety of your medical record, you will be charged the following fees which are due prior to release of records. Upon receipt of fees, medical records may take up to 30 days to process.

Preparation fee: $ 22.88

Copy of chart at $ 0.76/page

Postage (Flat Rate USPS Envelope): $ 8.95

Medical Records Release Form

Gvozden Pediatrics, PA

By signing this form, I authorize you to release confidential health information by releasing a copy of medical records, or a summary or narrative of protected health information, to the physician/person/facility/entity listed below.

Patient Name(s): ____________________________________ Date of Birth: _________________

____________________________________ Date of Birth: _________________

____________________________________ Date of Birth: _________________

____________________________________ Date of Birth: _________________

The information you may release subject to this signed release form is as follows:

- ☐ Complete Records
- ☐ Record Summary
- ☐ Hospital Reports
- ☐ History & Physical
- ☐ Lab Reports
- ☐ Medication Record
- ☐ Progress Notes
- ☐ Radiology Reports
- ☐ Operative Reports
- ☐ Mental Health Notes

Release protected health information to the following physician/person/facility/entity and/or those directly associated in patient's medical care:

Name: ____

Address: ____

City: _________________________ State: ____________ Zip Code: ___________________________

Phone: _______________________ Fax: __________________

The purpose/reason for this release of information is as follows:

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____ __________________________

Printed Name of Patient, Parent or Personal Representative — Relationship to Patient(s)

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Signature of Patient, Parent or Personal Representative

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Date