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### **AUTHORIZATION TO RELEASE MEDICAL RECORDS**

You have requested that Andover Pediatrics PC, release your or your child's medical records.

- A separate Records Release Form must be completed for each patient.
- There is a processing fee of **\$10.00** for each record. The signed form and fee must be received before medical records are processed.
- If the patient is age 18 or over, they must fill out and sign the release.
- Records may be mailed home or to the new PCP office (note below).
- Any duplicate copies will be an additional \$10.00 charge.

#### **Please Print**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_

**Check one:** \_\_\_\_\_ mail records home \_\_\_\_\_ send to new PCP office

New PCP Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that my medical record may contain information regarding Aids, STD-related information, drug & alcohol abuse, psychiatric, and sensitive information. I agree to release of this information.

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date

For office use: \$10 Fee paid by: \_\_\_\_\_ cash \_\_\_\_\_ check \_\_\_\_\_ credit card