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Providing Comprehensive Pediatric Care for Your Children from Birth through Adolescence Since 1987

Authorization to Release Protected Health Information

I hereby authorize Lake Norman Pediatrics to obtain medical information on the patient listed below through the release of protected health information by the following:

Release From:	
_____ Name of facility to request Transfer of Records	
_____ Address	
_____ City, State, Zip Code	
_____ Phone Number	_____ Fax Number
 Release To: Lake Norman Pediatrics 656 Carpenter Ave. Mooresville, NC 28115	

This Authorization permits Lake Norman Pediatrics to use and/or disclose the following Protective Health Information about the patient listed below. Check the appropriate box or describe the information to be used or disclosed, such as date(s) of service, type of service, level of detail to be released, origin of information as needed.

- Entire Record Immunization Records Lab Reports
 Other _____

The Purpose for the release of Private Health information:

- Insurance Moving Patient Request-No Reason
 Legal Purpose Transferring Physician Other _____

I have been provided with a copy of Lake Norman Pediatrics Patient Privacy Rights Notice. I understand that I may revoke this consent at any time in writing except to the extent that the information has already been released. I understand that there is the potential that the information released by my authorization may be subject to re-disclosure by the recipient of the information. This release form is valid for 12 months from the date below.

Required Signatures

Name of Patient

Patient Date of Birth

Signature of Patient, Parent or Legal Guardian

Phone Number

Witness

Date

Note: I understand the facility releasing protective health information may charge an administration fee or use a third party company which will bill directly to cover the cost of copying the release of protective health information.