

North Coast Pediatrics, Inc.

**20800 Westgate Professional Bldg
Suite 400
Fairview Park, Ohio 44126**

**16000 Pearl Rd.
Suite 16
Strongsville, Ohio 44136**

Record/Chart Transfer Request

Please Read Carefully to Understand all Guidelines!

Effective April 15, 2003 HIPAA rules and regulations require that all requests for record/chart transfers be completed on this official release form.

Upon completion and receipt of this form along with your payment of \$15.00, the patient's record/chart will be transferred.

I hereby authorize North Coast Pediatrics and its clinical/professional staff to release all medical information contained in (Patient Name) _____ medical record. I understand and acknowledge that this authorization extends to all or any part of the records, which may include treatment for HIV/ARC/AIDS, mental illness and/or alcohol/drug abuse. I expressly consent to the release of information as designated.

The purpose of the release of these records is (please check appropriate one):

- Continuity of Medical Care
- Insurance or Third Party reimbursement
- Disability Claim
- Pending legal action
- Other – Please specify _____

Patient's Name (please print)

_____ DOB _____

Signature of Parent or Guardian if patient is a minor

_____ DATE: _____

Name and Address where records are to be sent:

Drs. Initials and Date: _____

Note: This form must be completed in full. Blanks invalidate this form.

"This information has been disclosed to you from records whose confidentiality are protected by Federal Law. Federal Law regulations (41 CFR Part 2) prohibit you from making any further disclosure of them without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose." (NOTE: all matters relating to alcohol and drug abuse patient records are considered privileged and confidential and are treated as such by employees of this program. Information regarding such matters cannot be given without the consent of the patient or guardian. Section 2.31 or P.L. 95-282, 42 CFR Part 2, requires the above information.)