

## North Coast Pediatrics, Inc.

20800 Westgate Professional Bldg  
Suite 400  
Fairview Park, Ohio 44126

16000 Pearl Rd.  
Suite 16  
Strongsville, Ohio 44136

### Record/Chart Retention Request

#### **Please Read Carefully to Understand all Guidelines!**

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

I hereby authorize North Coast Pediatrics to retain the original and or copy of 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 consent to the retention of all information as designated.

The purpose of the retention 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 retained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.)