Metropolitan Pediatrics

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

☐ **Burnsville**

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☐ **Edina**

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☐ **Shakopee**

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INSTRUCTIONS:	Metropolitan Pediatrics, PA only releases medical information documented and/or dictated by the pediatricians that performed the service. If you or your child was treated at another health care provider outside this practice, please contact them to release any information you need. To avoid delays in completing your request, please complete each section.
PATIENT:	Patient Name: _____ Date of Birth: _____ Phone: _____ Address: _____ Parent/Guardian Name:
PROVIDER: (Who is releasing the information)	☐ Metropolitan Pediatrics, PA; or Name: _____ Address:
REQUESTOR: (where do you want the information sent?)	☐ Metropolitan Pediatrics, PA; or Name: _____ Address:
INFORMATION REQUESTED:	☐ Immunization records ☐ Rehab/therapy reports ☐ Hospital/surgery reports ☐ Psychological reports/tests ☐ X-ray/lab reports ☐ Education testing reports ☐ Other/specify dates of service:
PURPOSE OF RELEASE:	☐ Insurance change/transfer ☐ Referral/consultation ☐ Transfer out of clinic ☐ Mutual exchange of information ☐ Other; please specify:
CONSENT:	• I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by recipient and no longer be protected by Federal privacy regulations. • I understand that Metropolitan Pediatrics, PA may not condition my treatment, payment, enrollment or eligibility for benefits on my signing this authorization. • I understand that in compliance with MN Statute 144.335 I may be required to pay a fee for retrieval and photocopying of records and/or supervising of medical records. • I understand that a photocopy or fax of this form is the same as the original. • I understand this consent is valid for one year. It can be revoked at any time prior to this timer period in writing and it will be effective on the date notified except to the extent action has already been taken in reliance on it.
SIGNATURE:	Signature: _____ Date: _____ Relationship to Patient: