



Authorization for Release of Medical Information

410 Peachtree Parkway, Suite 4260
Cumming, GA 30041
678-990-2501 (P)
678-990-2505 (F)
www.vickeryped.com

Patients Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
Phone Number _____ Date of Request _____

I authorize Vickery Pediatrics, LLC
TO RELEASE INFORMATION TO:

Name of Provider or Facility Address

City, State, Zip Code

Phone Number _____ Fax Number _____

OR I authorize Vickery Pediatrics, LLC
TO OBTAIN INFORMATION FROM:

Name of Provider or Facility Address

City, State, Zip Code

Phone Number _____ Fax Number _____

PURPOSE FOR THIS REQUEST (check one) Transfer of Care Healthcare Insurance Coverage

TYPE OF RECORDS REQUESTED (check one)

Immunization History Medical Summary
 Complete medical record (Burned onto a disc; includes all visit notes, labs, immunizations, growth chart)
 Specific Treatment (select one or more, as applicable)

Procedure Report History & Physical Physical Therapy X-Ray Reports Lab Results

AUTHORIZATION VALID FOR: (Check one)

This request only.
 One year from the date of this authorization. This authorization applies to the records of the treatment received on or prior to the date of this authorization.

I UNDERSTAND THAT:

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel this authorization at any time by submitting a written request to the address provided the top of this form, except where a disclosure has already been made in reliance on my prior authorization.
- If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be disclosed.
- Release of HIV-related information, mental health related care, or substance abuse diagnosis and treatment information requires additional authorization.

Signature of Patient or Representative _____ Date _____
Relationship to Patient (If requester is not the patient) _____

Vickery Pediatrics @ the Collection – Forsyth