

**AUTHORIZATION FOR RELEASE AND
CONSENT TO REQUEST MEDICAL RECORDS**

I, _____ hereby authorize Suburban Pediatric Associates, Inc.
Parent or Guardian

and its agent's to release information regarding: _____
Name of patient and Date of Birth

(Check One) _____ Release to _____ Obtain from _____ Discuss with

Name: _____ Telephone _____

Address _____

Release of information from this health record is for the purpose of (reason for transfer):

Only pertinent information is to be obtained/forwarded/discussed and should include:

_____ SPA record summary (no charge)	_____ Complete copies of records \$1.00 per page for pages 1-10, \$.50 for 11-50 and \$.20 for each additional page in accordance with Ohio State Med. Assoc. recommendations
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_____ Other _____

**SPECIAL AUTHORIZATION FOR RELEASE OF RECORDS FOR MENTAL
HEALTH/REHABILITATION, ALCOHOL OR DRUG ABUSE AND OR DEPENDENCY,
HIV ANTIBODY TESTS RESULTS AND/OR AIDS DIAGNOSIS AND TREATMENT.**

Please initial all that apply, if the information is to be released.

_____ Include information related to diagnosis and/or treatment for alcoholism and/or drug
abuse or dependency

_____ Include information related to diagnosis and/or treatment for mental health/rehabilitation

_____ Include information related to HIV antibody test results and/or AIDS diagnosis and
treatment

I hereby release you, your physicians, and your employees from any and all liability for fulfilling
the authorization request for release of medical information. I understand that this consent is
revocable by me, in writing, at any time except to the extent that action has been taken in reliance
on it. I also understand that this consent will expire either ninety (90) days after the date of this
signature or automatically when the records/information requested on this form has been provided
to the requestor.

Date: _____ Signature of Patient or Patient Representative _____

Date: _____ Signature of Witness _____

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from the
records whose confidentiality is protected by law. Any further disclosure is strictly prohibited.

Date Processed _____ Processed by: _____