Pediatrics at Murphy Road

Ylicia Richards, MD
1224 Thomasville Court
Garland TX, 75044
Phone: 972-414-CUTE (2883) Fax: 972-414-LOVE (5683)

Medical Records Release Form

Patient's Name: _____ DOB: _____

By signing this form, I authorize the release of confidential health information about my child/myself.

Please release the following protected health information:

If record contains more than 20 pages, please MAIL to the address above.

☐ Diagnosis Summary ☐ Radiology Reports ☐ Growth Chart

☐ Lab Reports ☐ Immunization Record ☐ Other (Please specify) _____

◯ I authorize the following office to release my child's/my records to Pediatrics at Murphy Road.

(Please provide the name, address, phone and fax number of the requested office, below.)

Name: _____

Address: _____City: _____State: ____ Zip: _____

Phone #: _____ Fax #: _____

◯ I request that Pediatrics at Murphy Road release my records to the following office:

(Please list below where records are to be sent and allow up to 72 hours for processing.)

Name: _____

Address: _____City: _____State: ____ Zip: _____

Phone #: _____ Fax #: _____

Reason for record release: _____

Please note, there is a $25.00 fee for the first 20 pages and $0.50 for each additional page for patient requests. We will fax to other providers at no cost to you.

Authorization

I authorize the third party named in the above section to disclose the protected health information about myself (or the patient) as described above. I understand that I may revoke this authorization at any time by notifying Pediatrics at Murphy Road in writing. If I revoke the authorization, I understand that it will have no effect on actions Pediatrics at Murphy Road took in good faith before receiving the revocation. I also understand that the information released may contain information related to AIDS or HIV infection; drug or alcohol abuse; mental or behavioral health or psychiatric care, except for psychotherapy notes.

_____ _____

Printed name of Parent/Guardian/Patient Signature of Parent/Guardian/Patient

_____ _____

Relationship to Patient Date

Thank you for choosing Pediatrics at Murphy Road!