



Center for Pediatric Medicine

Our Family Caring For Yours

107 Newtown Road, Suite 1D
Danbury, CT 06810
203-790-0822

83 Sandpit Road
Danbury, CT 06810
203-746-3280

11 Route 37
New Fairfield, CT 06812
203-791-9599

We do NOT accept or fax Medical Records

Authorization for Release / Request for Health Information - Transfer Out Release

Transferring Out

Date

Patient name: DOB: Phone #

Address City State Zip

Additional Children for transfer:

- 1) DOB:
2) DOB:
3) DOB:
4) DOB:

Release records from: Center for Pediatric Medicine - 107 Newtown Road Suite 1D Danbury, CT 06810

Release records to: Phone #

Address City State Zip

I authorize the Center for Pediatric Medicine to copy my records at the cost of \$.45 per page - maximum \$40.00 per chart.

I authorize Center for Pediatric Medicine to copy my records electronically onto a USB flash drive at the cost of \$10 for pick up or \$15 for mail.

Mail to:

Address City State Zip Pick up:

Specific Information requested: Whole Chart Immunization/Growth Chart/Last PE Other:

Reason for Transfer

- We're Moving Aged out
Leaving the practice if so why:
Need them for a specialist (not leaving the practice)
Need them for insurance or legal matters (not leaving the practice)

By signing my name, I authorize the release of all highly confidential information including mental illness or developmental disability, HIV/AIDS test results and substance (drug or alcohol)

Patient's Signature Date

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Patient is a minor, or patient is legally unable to sign

(Print Name)

(Date)

(Signature of Authorized Person)

(Relationship to Patient)

Please contact our Business Office at (203) 798-7661 to settle any open balances prior to transfer of medical records

Please Note: CT law allows 30 days for transfer of the medical record.