



Release of Information

3340 Providence Drive, Suite 500-Building A, Anchorage, AK 99508
T. 907-562-2423 / F. 907-563-1170

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name (if patient is under 18): _____ Phone #: _____

Address: _____

I authorize the release of protected health information for the above-named patient as indicated below:

Release Records FROM: _____ Release Records TO: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Please tell us how you would like to receive the records:

Format: AND
 Paper (only available for pick up and less than 30 pages)
 CD

Sent by: OR
 Mail
 Secure Fax

Records picked up at:
 3340 Providence Dr. #A500
Call at this phone number when ready:

**Information requested to be released
(please check all that apply):**

- Entire Medical Record
- Lab Reports
- Chart Notes
- Radiology Reports
- Pathology Reports
- Emergency Reports
- Other: _____

Date Range:
 Past 3 years
 From _____ to _____
 All Dates of Service

For the Purpose of:
 Treatment Billing
 Legal Request Moving out of the area
 Personal Records
 Changing practices/providers

Any information protected by Federal Law must be specifically requested by initialing below:
____ HIV/AIDS/STD related test results _____ Drug/alcohol diagnosis and treatment
____ Mental health information

I understand that I may cancel this authorization at any time by giving written notice to *Anchorage Pediatric Group, LLC*. Unless canceled at an earlier date, this authorization will expire one year from the date of signing below, or on _____.

Name (please print): _____ Relationship to Patient: _____

Signature: _____ Date: _____

(If patient is over 18 years old, signature must be that of the patient and NOT the parent/guardian.)

Confidentiality/Disclosure Warning: This transmittal contains PRIVILEGED and CONFIDENTIAL information intended for use by a health care provider. Use, copying or distributing by any other means is strictly prohibited. If you have received this transmittal in error, please notify us by telephone at 907-562-2423. Thank you.