

Ashburn Pediatrics

Phone 703-729-7652

Fax 703-729-8746

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Ashburn, VA 20147

24805 Pinebrook Rd Ste 109
Chantilly, VA 20152

Medical Records Release

Date: _____

I, _____, am giving my authorization to copy and release Medical records for _____ DOB _____

Well Child Visits _____ Path/Lab Reports _____ Immunizations _____ Last 2 years _____

Information released to: _____

Name

Address

City, State, zip

Purpose of disclosure:

Referral to specialist _____ Leaving Practice _____ Personal _____ Relocation/Moving _____

Other (Specify) _____

Please provide current telephone number in the event we need to contact you: _____

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation.

NOTE: Virginia law permits a charge for reproduction of your records. PRE-PAYMENT IS REQUIRED PRIOR TO RELEASE OF RECORDS.

RECORDS MAY BE PICKED UP OR MAILED TO YOUR HOME AT AN ADDITIONAL COST FOR POSTAGE.

Signature of individual (18 or older), or guardian

Date

Cost of copying records are as follows

Paper charts:

Search Fee \$20.00

Pages 1 – 50 : \$0.50 per page

Pages 51+ : \$0.25 per page

Electronic records:

Search Fee: \$20.00

Pages 1 – 50 : \$0.37 per page

Pages 51+ : \$0.18 per page

Please allow 7 – 10 business days for processing.