

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 _____

Method of disclosure:

Pick-up _____ *Mail _____

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.

***RECORDS MAILED HOME WILL HAVE ADDITIONAL COST FOR POSTAGE.**

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

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.