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Pediatrix

In Loving Memory of
Samuel Smith, M.D.

Marianne Borch-Christensen, M.D.
Yvonne M. Funcke, M.D.
Gina D. Montion, M.D.
Cathy Kelley, PA.-C.
Sharon Harkins, CPNP
Lisa Drummond, PNP
Julie Bellah, PNP



"We Care For Kids"

AUTHORIZATION TO RELEASE RECORDS

Patient Name _____

Date of Birth _____ HIPAA ID# _____

Address _____

City _____ State _____ Zip Code _____

Phone (Day) _____ (Home) _____

I hereby authorize _____ to send / release photocopies of medical records concerning the above-named patient to:

(Name of company or person(s) to receive records)

Address City State, Zip Code

I authorize the release of photocopies of the following medical records in the possession or control of Pediatrix, its employees and / or agents. FOR THE PURPOSE HEREOF, "MEDICAL RECORDS" SHALL INCLUDE ALL CONFIDENTIAL HIV-RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL COMMUNICABLE DISEASE-RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL ALCOHOL OR DRUG ABUSE-RELATED INFORMATION (AS DEFINED IN 42 CFR SECTION 2.1 ET SEQ.), AND CONFIDENTIAL MENTAL HEALTH DIAGNOSIS / TREATMENT INFORMATION.

Medical Records (check one)

All medical records

(or)

The following described records ONLY (specify types and dates) _____

Parent / Legally Authorized Representative

Date

Relationship to Patient

Records prepared and transmitted by:

Signature of Pediatrix Representative

Date

15650 North Black Canyon, Suite 100 • Phoenix, Arizona 85053 • Phone: 602-866-0550
2030 West Whispering Wind Drive • Phoenix, Arizona 85085 • Phone: 623-869-9080
2316 West Bethany Home Road, Suite 109 • Phoenix, Arizona 85015 • Phone: 602-242-7190