

READING PEDIATRICS, INC.
40 Berkshire Court, Suite 1
Wyomissing, PA 19610
Phone: 610-374-7400 Fax: 610-374-1641

Authorization for release, use and disclosure of Protected Health Information (Please print):

Last name First name Date of Birth

Address Phone

I AUTHORIZE: _____ RELEASE TO: _____
Facility Facility

Address Address

Phone Fax Phone Fax

Dates information is to be released: From _____ Through _____ (check all that apply below)

____ Complete Records ____ Discharge Summary ____ Labs ____ Outpatient Notes
____ Radiology/Imaging ____ Speech and Hearing ____ PT/OT Notes ____ Emergency/Trauma
____ Copy to Parent ____ Medication list ____ Operative ____ EKG's
____ Other: _____

____ If we are obtaining medical records from your previous physician, please check here.
(PREVIOUS PHYSICIAN: PLEASE NOTE THAT WE DO NOT ACCEPT FAXED MEDICAL RECORDS)

Reason for disclosure of medical records (check all that apply below)

____ Legal Investigation/Action ____ Moving Out of Area ____ Further Medical Care ____ Specialist being seen
____ Age ____ Insurance Change ____ Personal ____ Transfer of Care ____ Asked to Leave

** If transferring to another provider, reason for leaving: _____

All medical records are copied to a "flash drive". When completed, the "flash drive" can be picked up in our Wyomissing office or be mailed to the address you specify above. The charges for medical records are as follows:

Flash drive picked up in the Wyomissing office \$20

Flash drive mailed \$25

There is no charge for immunization records or for a copy of your child's most recent physical.

In the rare occasion you require a paper copy of your entire medical record, the charge is \$30.00.

Paper copies of medical records **must be picked up** in the Wyomissing office, they cannot be mailed.

Charges for copying certain information from your chart (not requiring the entire medical record) are as follows:

1-20 pages \$1.51

21-60 pages \$1.12

61 + pages \$.38

I WOULD LIKE TO RECEIVE THE INFORMATION REQUESTED VIA: (please check one)

() Pick up flash drive
\$20.00

() Mail flash drive
\$25.00

() Pick up paper
\$30.00

(SEE BACK FOR SIGNATURES)

I understand the following:

- I may revoke authorization in writing at any time; this revocation will not apply to information that has already been released in response to this authorization.
- The information disclosed in response to this authorization may be subject to re-disclosure by the recipient and will no longer be protected under the terms of this authorization.
- I have the right to inspect or copy the health information to be used or disclosed as permitted by law.
- I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, or my eligibility for benefits (if applicable).
- Reading Pediatrics may receive compensation for medical records by copying them in accordance with PA law, 42 Pa.C.S. 6152.

I understand that this consent will expire 90 days from the date below, or upon my death, whichever occurs first.

Guardian, Parent or Patient-18 years or older signature

Date

Printed Name

Relationship to Patient

I authorize the release of psychiatric/psychotherapy records, mental health records, and drug and alcohol information or treatment records under the same terms and conditions.

Guardian, Parent or Patient-14 years or older signature

Date

Printed Name

Relationship to Patient

Witness

Date

Important information that you should know:

Our mailing address is: Reading Pediatrics, Inc.
Attn: Medical Records
40 Berkshire Court, Suite 1
Wyomissing, PA 19610

- Records are to be picked up in the Wyomissing office only. Pick up hours are 8:00AM -7:00PM
- Complete records will not be faxed
- Please be prepared to show ID
- When picking up records for a patient that is over the age of 18 years, you should have either; a note signed by the patient, medical Power of Attorney documentation or Legal Guardianship document.
- When applicable our compensation for copying records in accordance with Pennsylvania Law, 42 Pa.C.S. 6152, 6152.1 and 6155.