Sunnyside Pediatrics

24 S 1100 E, Suite 301
Salt Lake City, Utah 84102
Phone: 801-521-2640
Fax: 801-363-6407

AUTHORIZATION TO RELEASE INFORMATION

PATIENT NAME:_____ DATE OF BIRTH: _____

PATIENT CURRENT ADDRESS:_____

CURRENT PHONE NUMBER:_____

Please **CIRCLE** any that have been your provider:

Sharon Schriewer, MD Suzanne Holbrook, MD Jennifer Cox, MD Sandra Phillips, MD

Ginny Hiatt, FMP Paul Swensen, MD Louis Bourgenicht, MD

1 authorize **SUNNYSIDE PEDIATRICS** to (please check ONE box below)

☐ **Release information to:** ☐ **Receive information from the following:**

PROVIDER/FACILITY:_____

ADDRESS:_____

PHONE: _____ FAX: _____

Fee Schedule

Electronic Medical Record

Provider to provider is professional courtesy - no charge (within 2 weeks)

Rush (within 48 hours) - $25

Personal Copy (within 2 weeks)· Call for price

Storage Medical Records

Vaccine Report (within 2 weeks) - $10

Complete Chart Report (within 2 weeks) - $25

Rush (within 48 hours) - $50

INFORMATION TO BE RELEASED:

☐ Complete health record ☐ Lab/Radiology reports

☐ Physical Exam ☐ Consultation reports

☐ Immunization records ☐ Other

REASON FOR RECORD RELEASE:

☐ Change of insurance ☐ Referral to specialist

☐ Moved ☐ Personal Copy

☐ Over 18 years old ☐ Unhappy with practice

_____ _____

Signature of Patient or Legal Guardian Date

_____ _____

Printed Name Relationship to Patient