

Northern Virginia Pediatric Associates, P.C.

107 North Virginia Ave, Falls Church, VA 22046

Phone: (703) 532-4446 | Fax: (703) 532-8426

I AUTHORIZE

Name of Sending Physician, Agency or Institution

Address

City / State / Zip

Phone #

TO RELEASE TO **Northern Virginia Pediatric Associates, P.C.**
107 North Virginia Avenue
Falls Church, VA 22046

The Following Information: (Information to be released must be clearly specified)

In Regard To:

1. _____ Date Of Birth _____ **Chart #** _____
Child's Name at Time of Treatment
2. _____ Date Of Birth _____ **Chart #** _____
Child's Name at Time of Treatment
3. _____ Date Of Birth _____ **Chart #** _____
Child's Name at Time of Treatment
4. _____ Date Of Birth _____ **Chart #** _____
Child's Name at Time of Treatment

Signature of Patient or Responsible Person

Date

If This Release Pertains To Alcohol or Drug Abuse Information, Please Note That:

This Information Has Been Disclosed To You From Records Whose Confidentiality is Protected by Federal Law. Federal Regulation (42 C.F.R. Part 2) Prohibits You From Making Further Disclosure Of It Without The Specific Written Consent Of The Patient To Whom It Pertains, Or As Otherwise Permitted By Such Regulations. A General Authorization For The Release Of Medical Or Other Information Is Not Sufficient For This Purpose.
