

Northern Virginia Pediatric Associates, P.C.

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I AUTHORIZE **Northern Virginia Pediatric Associates, P.C.**

TO RELEASE TO

Name of Receiving Person, Agency or Institution

Address

City / State / Zip

Charge is \$15.00 per chart

The Following Information: (Document(s) 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

Please list reason(s) you are requesting copy of chart(s) _____

Signature of Patient or Responsible Person

Daytime Phone #

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.

Myers

Barakat

Atiyeh

Halpin

Mouchahoir

Kelly

Baldrate

Henrikson

Bae

Doctor Signature

Date

FOR OFFICIAL USE ONLY

Type of Payment:

c-card

cash

check

Date Received

Date Completed

Whom Notified