Newark Pediatrics
314 E. Main Street • Suite 101 • Newark, DE 19711
Phone (302) 738-4800 • Fax (302) 738-8750 • www.newarkpediatrics.com

AUTHORIZATION TO RELEASE HEALTH INFORMATION

Instruction: Complete this form when requesting release of health Information from another healthcare provider (s)

PLEASE COMPLETE ALL AREAS OF THIS FORM

Patient Name:_____D.O.B._____

I authorize_____

_____

Name of Physician or Practice, Address and Fax Number

To release my health information to :
Newark Pediatrics, P.A.
314 East Main Street, 101 Kelway Plaza
Newark, DE 19711
Fax Number: 302-738-8750 Telephone Number: 302-738-4800

These records are needed for the following reason:_____
_____

Do not include the following records:_____
_____

Expiration of this authorization: This authorization expires in 180 days OR upon the following date or event:_____

Specify date or event

Revoking this authorization: This authorization may be revoked at any time but is not retroactive for requests that have been complied with In good faith. To revoke this authorization, please provide a written Request to this office.

_____ _____ _____

Signature of Parent/Guardian Telephone # Date