



**MONTGOMERY PEDIATRIC ASSOCIATES, P.A.**

420 COTTON GIN ROAD  
MONTGOMERY, ALABAMA 36117

PHONE: (334) 260-9129      FAX: (334) 260-9665

**AUTHORIZATION FOR RECEIPT OF MEDICAL RECORDS**

**Request Records From:**

\_\_\_\_\_  
Physician/Office Name (      )  
Phone #

\_\_\_\_\_  
Address (      )  
Fax #

\_\_\_\_\_  
City State      Zip Code

**Information Requested:**

(Check all that apply)

- \_\_\_\_\_ Complete Medical Record
- \_\_\_\_\_ Immunizations
- \_\_\_\_\_ Labs or any test results

**Purpose of Requested Information:**

(Check all that apply)

- \_\_\_\_\_ The request of patient
- \_\_\_\_\_ Continued medical care
- \_\_\_\_\_ Other: \_\_\_\_\_

Patient's Name (First,MI, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient's medical insurance: \_\_\_\_\_

By signing this authorization, I authorize the use and disclosure of my Protected Health Information as requested. I understand that the information may be re-disclosed by the recipient and may no longer be protected by the federal HIPPA privacy rule. I do not have to sign the authorization in order to receive treatment from Montgomery Pediatric Associates, P.A. I have the right to revoke this authorization in writing at any time except if Montgomery Pediatric Associates, P.A. has acted in reliance upon this authorization. The explanation of this request will end 90 days from date signed by Parent/Guardian.

**Medical records received from your previous doctor will be reviewed by a Montgomery Pediatric Associate, P.A. provider. After your records have been reviewed and accepted by the reviewing provider, you will receive a phone call to establish the first visit. Medical records will be scanned into your chart and shredded for your privacy. If for any reason your child is not accepted we will hold the medical records for 120 days for pick-up by the signing parent/custodian. After that time they will be properly destroyed.**

\_\_\_\_\_  
Patient/Parent/Guardian (Please Print) Signature of Patient/Parent/Guardian      Date

\_\_\_\_\_  
Address (      )  
Phone #

\_\_\_\_\_  
City State      Zip Code