

# Amarillo Children's Clinic

17 Care Circle  
Amarillo, Tx 79124  
Office:806-468-6277 Fax:806-468-7174

**Rex Fletcher**, M.D., F.A.A.P.  
**Shari Medford**, M.D., F.A.A.P.  
**Rebecca Scott**, M.D., F.A.A.P.  
**Janice Ray**, CPNP

Paul Nolan, M.D., F.A.A.P.  
Aditi Sule, M.D.

Charge: \_\_\_\_\_ Cash Check CC

## Medical Records Release Request Form

I hereby authorize \_\_\_\_\_ to release any confidential health information. By signing this form, I consent to the release of medical records, or a summary or narrative of my protected health information.

**HIV / AIDS:** I consent to the release of any positive or negative test result for AIDS or HIV infection, antibodies to AIDS or infection with any other causative agent of AIDS with the rest of my medical records.

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Child's Date of Birth:</b> _____	<b>Child's Name:</b> _____ <b>Last</b> <b>First</b> <b>Middle</b>
<b>Child's Social Security #:</b> _____	<b>Address</b> _____ <b>City</b> <b>State</b> <b>Zip</b>
<b>Type of information needed and purpose for the release:</b> _____ / _____	

All information released by the sending physician shall be held as confidential by the receiving physician / organization.

<b>Release information to:</b> _____
<b>Address:</b> _____
<b>Phone #:</b> _____ / <b>Fax#:</b> _____
<b>Records released to:</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Ins. Co.</b> <input type="checkbox"/> <b>Physician</b> <input type="checkbox"/> <b>Other</b>

I hereby release said Physician or staff from all legal responsibilities or liability that may arise from the act I have authorized.

\_\_\_\_\_  
Print Name of Parent and / or Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Signature of Parent and / or Guardian

**I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.**