

# PEDIATRICS, P.C.

Mark A. Blazek, M.D., F.A.A.P.  
Kathleen L. Lemmen, M.D., F.A.A.P.  
David L. Ohmart, M.D., F.A.A.P.

670 Mall Drive, Portage, Michigan 49024  
Main telephone number: (269) 327-1900  
Billing office number: (269) 327-5700  
Fax: (269) 327-1564  
www.pediatricspckazoo.com

Marcia A. Ellis, P.A.-C.  
Ann P. Sheehan, DNP, CPNP  
Sandra D. Wiederhold, M.D., F.A.A.P.

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

*The below is to ensure your right to privacy. Please complete in its entirety.*

### **THERE IS A PER-PAGE CHARGE TO TRANSFER RECORDS. PLEASE PROVIDE YOUR MAILING ADDRESS FOR BILLING PURPOSES.**

I authorize **Pediatrics, PC** to release the following medical information regarding:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please initial appropriate line)

\_\_\_\_\_ Any and all of patient's chart notes (as of the date of this release) or include  
\_\_\_\_\_ Specific records listed below:

\_\_\_\_\_  
\_\_\_\_\_

This release also specifically allows the release of the following information (this information will be released unless the appropriate line is initialed):

\_\_\_\_\_ Any record of treatment for drug and/or alcohol dependency or abuse;  
\_\_\_\_\_ Any record of mental health treatment;  
\_\_\_\_\_ Any record of testing, care, treatment, reporting or research pertaining to infection with HIV or related diseases.

This information is being released for the following purpose(s) only: \_\_\_\_\_ and may not be used for any other purpose or released to any other person(s) without my written consent.

This release is effective for one (1) year from the date of execution; however, I may revoke it at any time by providing notice in writing to the above-named party.

\_\_\_\_\_  
Patient/Legal Guardian Date Phone Number

\_\_\_\_\_  
Address City – State – Zip Code