The Center for Pediatric & Adolescent Medicine, P.A.

125-1 Greentree Dr. Dover, DE. 19904 P: 302-678-8333 F: 302-674-2298

Release of Medical Records

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Add	ress:	1-10					City:		_ State:	Zij	D:
Pho	ne:Soc	ial Secu	rity #: X	XX- XX-							
l red	uest that my protected health infor	mation	(PHI) fr	om (Name	of Provide	r/Practice)					
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au	horize the following PHI to be relea	sed fro	m my fo	ollowing	medical	record(s):					
	Well Visits		Hospi	ital Reco	rds						
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	Consultation Reports		Radio	logy Reg	oorts						
	e and Federal Law protect the follow										
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Alco	nol, Drug, Substance Abuse Records		122	Yes							
	nol, Drug, Substance Abuse Records Testing and Results				□ No		,				
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HIV Men	Festing and Results			Yes Yes Yes	□ No □ No						
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