Medical Record Release Policy

Gvozden Pediatrics, PA

Gvozden Pediatrics will provide a summary of our patients' medical care at no additional fee. This includes past medical history, growth charts, immunization records and relevant specialist notes. To request this medical summary, please fill out the form on the following page.

If you require the entirety of your medical record, you will be charged the following fees which are due prior to release of records. Upon receipt of fees, medical records may take up to 30 days to process.

Preparation fee: \$ 22.88

Copy of chart at \$ 0.76/page

Postage (Flat Rate USPS Envelope): \$ 8.95

Medical Records Release Form

Gvozden Pediatrics, PA

By signing this form, I authorize you to release confidential health information by releasing a copy of medical records, or a summary or narrative of protected health information, to the physician/person/facility/entity listed below.

Patient Name(s):	Date of Birth:	
	Date	of Birth:
	Date	of Birth:
	Date	
The information you may role	ease subject to this signed rele	asso form is as follows:
	-	
☐ Complete Records	☐ History & Physical	<u> </u>
Record SummaryHospital Reports	□ Lab Reports□ Medication Record	Operative ReportsMental Health Notes
inospital Reports	□ Progress Notes	□ Welltal Health Notes
	-	
-	rmation to the following phys	sician/person/facility/entity
and/or those directly associa	ted in patient's medical care:	
Name:		
Address:		
City:	State: Zip Co	ode:
- 1 / c .1.		
ine purpose/reason for this r	elease of information is as fol	iows:
Duinted Name of Dationt Dougast	ay Daysayal Daysasaytatiya	Deletionship to Detion(s)
Printed Name of Patient, Parent	or Personal Representative	Relationship to Patient(s)
Signature of Patient, Parent or P	ersonal Representative	_
Date		