LYNDON PEDIATRICS
6851 East Genesee Street, Fayetteville, NY 13066 Phone: 315 446 4580

Medical Records Release to/from Specialist to/from Primary Care Provider (PCP)

I authorize Lyndon Pediatrics to _____ send or _____ obtain a copy of the last 24 months of office visits, immunizations, growth charts, diagnosis history, diagnostic test results, and pertinent lab results to or from:

Physician's name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____

********Please fax medical records to 315-446-3426********
********DO NOT SEND DISCS********

I specifically authorize the release of the following types of information which are/may be protected health information by federal or state law:

Mental Health Records ____ Yes ____ No Substance abuse ____ Yes ____ No
STD/HIV testing/diagnosis ____ Yes ____ No

Purpose of this release: □ Continuity of care □ Other: _____

Expiration Date: This authorization shall become effective immediately, and unless otherwise revoked shall expire on: _____ Upon completion _____ Specific date _____

I understand that I have the right to revoke this authorization in writing except to the extent that Lyndon Pediatrics has acted in reliance upon this authorization.

This release applies to the following:

Patient's name _____ DOB: _____

Signature: _____ Printed name: _____
Relation: _____ Date: _____
(Patients 18 and older must sign for authorization)

I understand Lyndon Pediatrics will make the first copy of the medical transfer free of charge to be sent to the new health care provider. Additional copies will be subject to a $.75 page copying fee. I understand I will be charged a $.75/page copying fee for records requested by parents. When my information is used or disclosed under this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.