CUMBERLAND PEDIATRICS
1405 Franklin Gtwy SE
Marietta, GA 30067-8721
Ph: 770-951-5400 Fax: 770-702-5627

REQUEST FOR TRANSFER OR RELEASE OF HEALTH RELATED INFORMATION/RECORDS

Complete this section if you want us to "*OBTAIN*" your records from another medical practice or hospital.

I hereby authorize Cumberland Pediatrics, to obtain:

All Records ☐ Certificate of Immunization ☐ Complete Vaccine Record (non-certified) ☐

Physician Notes ☐ Payment History/Account Information ☐ Other ☐

Include old records from previous primary care physician (s) ☐

From/Doctor ______________________ Phone/Fax ______________________

Address: ______________________ State________ Zip Code_________

Complete this section if you want us to "*SEND*" your records to another medical practice or hospital

I hereby authorize Cumberland Pediatrics, to send:

All Records ☐ Certificate of Immunization ☐ Complete Vaccine Record (non-certified) ☐

Physician Notes ☐ Payment History/Account Information ☐ Other ☐

Include all records from previous primary care physician (s) ☐

From/Doctor ______________________ Phone/Fax ______________________

Address: ______________________ State________ Zip Code_________.

Time Frame from: ________________ to ________________ (*If applicable to request*)

For the purpose of: Transfer ☐ Personal Copy ☐ Release ☐

I understand this authorization will include release of all medical records including HIV records, Psychiatric Medical Illnesses, Drug/Alcohol abuse records, Venereal Disease and any other statutory protected diseases. **This authorization and consent will expire ninety (90) days following the date signed.** I understand that I may revoke this authorization and consent at any time except to the extent that action has previously taken in reliance hereof.

Name of Patient: ______________________________

Date of Birth________________ Phone: ________________

Address: ______________________ City: _______ State:_______ Zip Code: ________

______________________ ________________ ____________

Signature of Parent/Guardian Relationship Date