

HOWARD COUNTY PEDIATRICS, L.L.C.

11055 Little Patuxent Pkwy Suite 103 Columbia, MD 21044.
410-992-9339PH 410-964-5150 FAX

Request for Release of Medical Records

I hereby request a copy of the following medical records from HOWARD COUNTY PEDIATRICS, LLC for the following patient(s):

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Please Check Requested Option:

- Immunizations Only – Provided at **NO CHARGE**
- Continuity of Care (Includes immunizations, growth charts and most current well care visit notes)—Provided at **NO CHARGE**
- Complete Medical Records (**CD- \$25**)
- Complete Medical Record (**Thumb Drive-\$30**)

Please choose one:

- Parent will pick up these records. **Contact Phone Number:** _____
- Patient is 18 or over and gives permission to release their medical records to their parents for pick-up (**MUST PROVIDE A SIGNED PHI DOCUMENT WHEN SELECTING THIS OPTION**)
- Please mail these records to the home at:
Name _____
Street Address _____
City, State & Zip Code _____
Contact Telephone Number _____

Please tell us why you are leaving:

- Moving
- Insurance Change – to which insurance? _____
- Over 18 years old
- Other – please explain _____

Signature of Parent/Legal Guardian/Patient
Valid for one year from date of signature

Date