



Mimi Peterson, MD Scott Radomsky, MD Amy Montgomery, MD
Sandy Herron, MD Amelia K. Decker, MD Jennifer Moher, MD Brent Watkins, MD
7507 East Tanque Verde Road, Tucson, AZ 85715 Phone 520-722-2585 Fax 520-722-1097
WWW.TANQUEVERDEPEDIATRICS.COM

AUTHORIZATION TO RELEASE RECORDS TO TANQUE VERDE PEDIATRICS

PLEASE DO NOT SEND CD MEDICAL RECORDS!

Patient's name: _____ D.O.B.: _____
Address: _____ Phone # _____

I hereby authorize to **send/release** photocopies of medical records concerning the above named patient **to/from:**

Tanque Verde Pediatrics, P.C.
7507 E. Tanque Verde Road Ste 101
Tucson, Arizona 85715

For the purposes of: _____

I authorize the release of photocopies of the following medical records **to/from:**

Name _____

Address/ZIP _____

including employees and/or agents. For the purposes hereof, "Medical Records" shall include all confidential HIV-related information (as defined in A.R.S. Section 36-661) confidential alcohol or drug abuse-related information (as defined in 42CFR section 2-1 ET SEQ) and confidential mental health diagnosis/treatment information.

MEDICAL RECORDS (check one or more)

All medical records

The following described records only (specify types and dates).

This consent will expire sixty (60) days after the signed date below. I have given my consent freely, voluntarily and without coercion. I may revoke this authorization at any time providing I notify _____ in writing to that effect. I understand that any release which was made prior to my revocation in compliance with this authorization shall not constitute a breach of my rights to confidentiality. I understand that a photocopy of this authorization is considered acceptable in lieu of the original.

Parent Signature

Date

RECORDS PREPARED AND TRANSMITTED BY:

Signature of Representative

Date