

Mat-Su Community Pediatrics
3750 E. Country Field Circle Ste C
Wasilla, Alaska 99654
Phone: (907) 357-2955 Medical Record Fax: (907) 357-9348
HIPPA compliant release of information

Patients Name: Date of Birth:
Address:
City, State, Zip
Phone Number Phone Number

I REQUEST MEDICAL INFORMATION FROM:

Physician/Hospital:
Address:
City, State, Zip:
Phone Number Phone Number

I AUTHORIZE THIS INFORMATION TO BE DISCLOSED TO:

Physician/Hospital:
Address:
City, State, Zip
Phone Number: Phone Number:

I authorize the following information be released from my record(s):

- Discharge Summary History & Physical Consultation Operative Report
 ER Record Laboratory Reports Entire Medical Record Other:

This information is disclosed to you from records protected by federal confidentiality laws. Federal law prohibits you from making further disclosure of this information unless such is expressly permitted by the written consent of the person to whom it pertains. This authorization expires 180 days from signing.

Signature: _____
Print Name: _____

Date Signed:
Relationship:

Digital Signature Field: