

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: