



# Pediatric Associates of Alexandria

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6355 Walker Lane, Suite 401  
Alexandria, VA 22310

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www.pedsalex.com  
www.healthychildren.org

## Medical Records Release Form

Authorization for the request of Protected Health Information

I hereby authorize the use or disclosure of my child(ren)'s individually identifiable health information as described below. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle TO/FROM appropriately to avoid delays in record processing

TO / FROM :

Pediatric Associates of Alexandria

- 6355 Walker Lane  
Suite 401  
Alexandria, VA. 22310

- 3600 S Glebe Rd  
Suite 150  
Arlington, VA. 22202

Phone: 703.924.2100

Fax: 703.922.6067

- All Medical Records
- Specific dates of service, from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If Pediatric Associates of Alexandria is releasing your child(rens)'s medical records to you or to another party such fees are associated. Please allow a minimum of 1-2 weeks for processing.

All Records-Fee: \$0.50 per page for the first 50 pages; \$.0.25 a page for each additional page plus a 10.00 handling/mailling fee.

- Digital Copy of records (\$25.00 for first record. \$15.00 dollars per additional sibling. Postage included in price)

TO / FROM :

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent, Patient or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Printed Name of Parent, Patient or Guardian*

\_\_\_\_\_  
*Relationship*