Pedersen Primary Care
290 S. Alma School Road, Suite 5
Chandler, Arizona, 85224

Medical Release/Records Request Form

Date: ______________

Name: ____ Date of Birth____/____/______
Last First MI MM/DD/YYYY

Address: ____ Gender: Male Female
Street

____ Social Security #: ____-___-______
City State Zip

Home: ____________________ Cell: ________________

I give permission for: ________________________________

____

Phone: ________________________________

Fax: ________________________________

To disclose/release the following information: *(Check ALL applicable)

___ ALL MEDICAL RECORDS
___ Laboratory/Pathology Records (previous 3 years)
___ Billing Records
___ Radiology Records (previous 3 years)
___ Office Notes (previous 2 years)
___ Medication List

****Note: If these records contain any information from previous providers or information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse, or transmitted disease, you are hereby authorizing disclosure of this information***

Release Medical Records to:

____

____

Phone: ________________________________

Fax: ________________________________

______Caron Pedersen, FNP-C, Pedersen Primary Care
290 S. Alma School Road, Suite 5A, Chandler, AZ, 85224 Office: 480-659-5013

Fax: 1-877-545-8461

This authorization shall not be valid for greater than one year.
I understand that I may cancel this request with written notification but that will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished many not condition its treatment of me on whether or not I sign authorization.

Signature: ________________________________ Date: ______________

Authorization for Use or Disclosure of Protected Health Information. Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164