



Patient Authorization For Release And Disclosure of Medical Records/  
Protected Health Information (PHI)  
Out going/ patient leaving our practice

**Himanshu Patel, MD FAAP**  
**Central Jersey Pediatrics, PC**  
1553 Ruth Rd, Suite # 1  
North Brunswick, NJ 08902

By signing this authorization, I authorize to release medical records / Protected health information (PHI) for

	Patient's Name	Date of birth
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

- o After we receive a written request, we need seven-days to prepare your child's medical record summary.
- o You are expected to pick up record summary as we do not mail or fax it.
- o As a courtesy to our patients, we will provide free medical record summary for the first time ONLY.
- o We request that, you make appropriate copies of these records and keep with you, before you give them to any one else. If for some reason, you need the records again, you will be charged a \$ 50.00 fee for it. We charge \$ 50.00, to any insurance companies that require medical records.
- o If you are unable to pick-up medical records in person, you can manage to get it by sending us prepaid Fed-Ex or UPS envelope.
- o If you are changing physician it is not an emergency to acquire vaccination record of your child. We will not release any vaccination record on emergency basis.

Signed:  Print:  Date

Relationship to Patient:

**TRAVEL VACCINATION CENTER**

85 Raritan Avenue, Suite 410, Highland Pk, NJ 08904, Tel: 732-246-0202 Fax: 732-246-8334  
1553 Ruth Road Suite 1, North Brunswick, NJ-08902

Dayton Professional Center, 401 Ridge Rd., Suite 2, Dayton, NJ 08810, Tel: (732) 418 1700 Fax: (732) 940-9700  
1300 How lane, North Brunswick, NJ-08902, Tel: (732) 247-1510 Fax: (732) 247-8885