THE MEDICAL GROUP OF NEW JERSEY
HNR Pediatrics LLC, formerly:
Central Jersey Pediatric Group

Central Jersey Pediatrics
Infants, Children and Adolescents
www.cjpediatrics.com

Patient Authorization for Release and Disclosure of Medical Records / Protected Health Information (PHI)

Outgoing Release / Patient leaving our practice

Office Policy:

- After we receive a written request, we need 7 days to prepare your child's medical record summary.
- You are expected to pick up the medical record summary as we do not mail or fax it.
- The cost of the record is minimum $10.00, with additional $1.00 per page if more than 10 pages.
- We request that you make appropriate copies of these records and keep them with you before you give them to anyone 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 company that requires medical records
- If you are unable to pick up medical records in person, you can manage to get it by sending us a prepaid Fed-Ex or UPS envelope.
- If you are changing physicians, we will send over vaccination records within 7 days of the written request; acquiring vaccination records is not an emergency, therefore we do not release them on an "emergency basis".

I, _____, hereby authorize and request you to release the pertinent medical records / Protected Health Information (PHI) for the following patients:

Patient Name:	Date of Birth:
1. _____	_____
2. _____	_____
3. _____	_____

Send to Myself:
Name: _____
E-mail Address: _____
Home Address: _____
Phone number: _____

Send to Physician:
Name: _____
Address: _____
Fax number: _____
Phone Number: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Patient (if age 18 or older): _____ Date: _____