

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

**TENTH STREET PEDIATRICS**  
1450 Tenth Street, Suite 304 \* Santa Monica, CA 90401-2838  
Phone (310) 458-1714 \* Fax (310) 394-8754

**Requesting Information From:**

Tenth Street Pediatrics      **OR**       Doctor: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
Please include all three

**Send Information To:** Please release my child's/children's medical records to:

Tenth Street Pediatrics      **OR**       Name: \_\_\_\_\_  
Via (check one):  
 Mail/address: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

\*Please note that records sent via email will be encrypted and sent via Sookasa. Please check your spam/junk

*I understand that I have the right to limit the type of information released from my medical records, as in the case of HIV test results, mental health information, and alcohol and drug abuse information. The following information is to be released:*

I have no limitations on the information to be released from my medical record including information concerning AIDS or results of HIV testing, psychological or psychiatric treatment, and/or alcohol or drug abuse.

The information to be released from my medical records shall be limited to:  
\_\_\_\_\_

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

The reason for my requesting that my medical records be copied is:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Changed Insurance  | <input type="checkbox"/> Second opinion                 | <input type="checkbox"/> Personal Use              |
| <input type="checkbox"/> Changed Doctor     | <input type="checkbox"/> Legal case                     | <input type="checkbox"/> Unhappy with care/service |
| <input type="checkbox"/> Moving out of area | <input type="checkbox"/> Accident/Third Party Liability | <input type="checkbox"/> Other _____               |