



**Authorization For Release Of Medical Records  
From Ivy Pediatrics, PA**

I have read and understand the following: I hereby authorize Ivy Pediatrics, PA to release the entire medical record(s) of the patient(s) below. I understand that the information is confidential and protected from disclosure. The copying fee is \$10 for the first 15 pages and 50 cents for each additional page not to exceed \$100. Records can be picked up in person or can be mailed (postage fee applies). Your account has to be fully settled before any records are released.

This authorization to release medical information may be revoked by myself, in writing at anytime, sent by fax or mail to Ivy Pediatrics, PA, except to the extent that this information has already been released.

**Patient's Name:**

**Date of Birth:**

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Description of the information to be disclosed (Check one):

The patient's entire medical record (including psychiatric, drug/alcohol abuse, HIV information)

Only certain portions of the medical record (explain below)

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**PLEASE FILL OUT FRONT AND BACK COMPLETELY**

Who will receive these medical records? (Name and Address)

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Reason for release of Medical Records?

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I understand that this information may be re-disclosed by the receiving party, if they are not required by law to protect the privacy of the information

\_\_\_\_\_  
**Signature of Patient or Parent/Legal Guardian**

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

\_\_\_\_\_  
**Printed name of Patient or Parent/Legal Guardian**

*If not patient or Parent, nature of relationship to patient:* \_\_\_\_\_

**Name, address and phone number of the person making this request:  
(PLEASE PRINT LEGIBLY)**

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\_\_\_\_\_  
**FOR OFFICE USE ONLY (Do not write below this line)**

Authorization witnessed by \_\_\_\_\_

Authorization added to patient's medical record on \_\_\_\_\_

### **Ivy Pediatrics, PA**

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Manalapan, NJ 07726  
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Fax: (732) 972-9055**

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South Amboy, NJ 08879  
Tel: (732) 952-8818  
Fax: (732) 952-8816**

**7 Brunswick Woods Drive  
East Brunswick, NJ 08816  
Tel: (732) 432-7337  
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