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**To parent/guardian/patient from Children's Oasis Pediatrics
Authorization to Release Healthcare Information**

Please allow 24-72 hours for the release of immunization records and two weeks for the release of all healthcare information (unless requested for an earlier date and approved by a Children's Oasis Pediatrics employee).

Below are the charges for all healthcare information that is requested:

Medical Records (any healthcare information) - \$15

Immunization Records Only - \$5

New Immunization Card (blue card) - \$5

Tax Statements - \$10

FMLA - \$20

You can forego the above charges by:

- Requesting your records/immunization information be sent directly to another provider or
- Signing into the web portal and printing your own records at: <https://2509.portal.athenahealth.com/> (tax records and FMLA cannot be accessed through the web portal)

Patient's Name (Last, First): _____

Patient's Date of Birth (Month/Day/Year): _____

This request and authorization applies to (check all that apply):

- All health information
- Health information relating to the following treatment, condition, or dates: _____
- Immunization records only
- Tax Statements
- FMLA

These records will be delivered by (check one that applies):

- Pick-up** - Phone: _____
- Mail** - Address: _____
- Fax** - Number: _____ Attention: _____

By signing this, I agree not to make any changes or alter the records in any way.

Signature _____ Date _____

Name (print) _____

Relationship to Patient: _____ Phone _____