

Desert Sun Pediatrics, P.C.  
 26224 N Tatum Blvd., Suite 1  
 Phoenix, AZ 85050  
 Phone: 480-563-1111  
 Fax #: 480-563-3044

### REQUEST TO RELEASE MEDICAL RECORDS

PATIENT NAME		DATE OF BIRTH
ADDRESS		
WORK PHONE	HOME PHONE	SOCIAL SECURITY #

- (Check one)       I hereby authorize Desert Sun Pediatrics, P.C. to send/release photocopies of medical records concerning the above named patient to:
- I hereby authorize the provider listed below to send/release photocopies of medical records concerning the above named patient.

PHYSICIAN OR PERSON(S) AUTHORIZED TO RECEIVE/RELEASE RECORDS		
ADDRESS		
FOR PURPOSES OF		
OFFICE PHONE	OFFICE FAX	ALTERNATE #

I authorize the release of photocopies of the following medical records in the possession or control of Desert Sun Pediatrics, P.C., its employees or agents. FOR THE PURPOSES HEREOF, "MEDICAL RECORDS" SHALL INCLUDE ALL CONFIDENTIAL HIV-RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL ALCOHOL OR DRUG ABUSE-RELATED INFORMATION (AS DEFINED IN 42 CFR SECTION 2.1 ET SEQ.), AND CONFIDENTIAL MENTAL HEALTH DIAGNOSIS/TREATMENT INFORMATION.

- Medical Records       All medical records of the past two (2) years of treatment.  
 (Check One)           The following described records *only* (specify types and dates): \_\_\_\_\_

This consent will expire sixty (60) days after the signed date below. I have given my consent freely, voluntarily and without coercion. I may revoke this authorization at any time providing I notify Desert Sun Pediatrics, P.C. in writing to that affect. I understand that any release which was made prior to my revocation in compliance with this authorization shall not constitute a breach of my rights to confidentiality. I understand that a photocopy of this authorization is considered acceptable in lieu of the original.

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Legally Authorized Representative

\_\_\_\_\_  
 Relationship to Patient

Records Prepared By: \_\_\_\_\_

\_\_\_\_\_  
 Date