

# Northern Virginia Pediatric Associates, P.C.

107 North Virginia Ave, Falls Church, VA 22046

Phone: (703) 532-4446 | Fax: (703) 532-8426

I AUTHORIZE

**Northern Virginia Pediatric Associates, P.C.**

TO RELEASE TO

\_\_\_\_\_  
Name of Receiving Person, Agency or Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

**Charge is \$30.00 per chart**

The Following Information: (Document(s) To Be Released Must Be Clearly Specified)

In Regard To:

1. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ **Chart #** \_\_\_\_\_  
Child's Name at Time of Treatment

2. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ **Chart #** \_\_\_\_\_  
Child's Name at Time of Treatment

3. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ **Chart #** \_\_\_\_\_  
Child's Name at Time of Treatment

4. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ **Chart #** \_\_\_\_\_  
Child's Name at Time of Treatment

Please list reason(s) you are requesting copy of chart(s) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient or Responsible Person**

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Date

If This Release Pertains To Alcohol or Drug Abuse Information, Please Note That:

This Information Has Been Disclosed To You From Records Whose Confidentiality is Protected by Federal Law. Federal Regulation (42 C.F.R. Part 2) Prohibits You From Making Further Disclosure Of It Without The Specific Written Consent Of The Patient To Whom It Pertains, Or As Otherwise Permitted By Such Regulations. A General Authorization For The Release Of Medical Or Other Information Is Not Sufficient For This Purpose.

Atiyeh

Halpin

Mouchahoir

Kelly

Baldrate

Henrikson

Bae

Woodley, PA

Nelson, FNP-C

McKeever NP

\_\_\_\_\_  
**Doctor Signature**

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Type of Payment:

c-card

cash

check

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Whom Notified