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 $50.00 per chart
Please allow 5 – 7 business days for completion.

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, ❑ Baldrate , ❑ Henrikson, ❑ Bae, ❑ Clark, ❑ Haidar, ❑ FNP-C Nelson, ❑ DNP, PNP-C Hawa

Doctor Signature Date

FOR OFFICIAL USE ONLY

Type of Payment:

Date Received _____ **Date Completed** _____ ☐ **c-card** ☐ **cash** ☐ **check**

/hom Notified _____