



Lawrenceville Pediatrics, P.C.

3815 Harrison Road Loganville, GA
30052

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Lise Baudean, MD

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Authorization to Release Records

TO: _____

I, the undersigned patient/guardian, hereby authorize

Lawrenceville Pediatrics, PC
3815 Harrison Road
Loganville, GA 30052

To release information listed below for the records of:

The release of information to which I consent is for the purpose of:

I understand this authorization includes release of all medical records including HIV Records, Psychiatric Mental Illness, Drug/Alcohol Abuse Records, Venereal Disease and any other statutory protected diseases. This authorization and consent will expire (90) days following the date signed. I understand that I may revoke this authorization and consent at any time except that the action has previously taken in reliance hereof.

By signing this authorization, I am authorizing you to disclose the following protected health information about my child/children.

Signature of Patient/Guardian

Date

Relationship to Patient

Signature of Witness

Expiration date _____ PLEASE CHOOSE ONE
 IMMUNIZATION RECORDS ONLY ENTIRE CHART
No charge Starting at \$25.00
 BASIC PATIENT RECORDS
Immunization records, Growth chart, and Diagnosis Sheet
No Charge