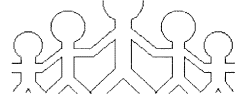

Lawrenceville Pediatrics, P.C.

980 Lawrenceville Highway
Lawrenceville, GA 30046
770-962-8025

Lise Baudean, MD
James Lin, MD
Vicki Morgan, MD
Charlotte Khan, MD
Michael Tim, MD
Sara Harris, MD

Authorization to Release Records

TO: _____

_____

_____

I, the undersigned patient/guardian, hereby authorize

Lawrenceville Pediatrics, PC

980 Lawrenceville Hwy.
Lawrenceville, GA 30046

or

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
No charge

[ ] ENTIRE CHART
Starting at $25.00

[ ] BASIC PATIENT RECORDS
Immunization records, Growth chart, and Diagnosis Sheet
No Charge