



Fellsway Pediatrics

548 Lebanon Street, Melrose, MA 02176
Tel: 781-665-4364 & 781-662-2100 • Fax: 781-662-2284
www.fellswaypediatrics.com

Authorization for Release of Personal Health Information

Each patient must have a separate release form! Please make copies as needed

Form can be emailed to: Brittney.Ferguson@fellswaypedi.com or Karen.Yarasitis@fellswaypedi.com

1- Patient information: *If patient is 18 years or older they must complete and sign the form.*

Patient First Name: _____ Patient Last Name: _____

Date of Birth: _____ Phone Number: _____

Address: _____

2- Information to be released to: Please check one box

Check here to mail to the personal address above.

Check here to pick up the medical records.

Check here to mail to your new Primary Care Physician at the following address:

Facility Name/Dr. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3- Purpose of release:

Reason for Transfer: _____



Boston Children's Hospital
Community of Care
Preferred Pediatric Practice

Until every child is well™

4- Privileged Information to be Released:

Please answer YES or NO to each of the following questions, to indicate if we may release the information below (if it is in your medical record):

- YES NO Sexually Transmitted Infection (STI) results and/ or notes.
- YES NO Alcohol and drug abuse records
- YES NO Details of Mental Health diagnosis and/or treatment provided by a Psychiatrist, Psychologist, Mental Health specialist
- YES NO Details of domestic violence
- YES NO Details of sexual assault counseling

5- Method of Payment

- Entire medical record: \$20.00 Vaccine record only: \$5.00
Including vaccines

- Please mail check or money order to the office: 548 Lebanon Street, Melrose MA 02176

- VISA MASTERCARD DISCOVER

Credit Card Number

Exp. Date

I understand that:

- Information released on this authorization, if re-disclosed by the recipient, is no longer protected by Fellsway Pediatrics.
- This authorization will expire in 6 months unless otherwise specified
- Medical records can take 7-10 business days to be mailed or ready for pick-up
- **Your records will be copied to an electronic CD (vaccine record will be a paper copy)**

Guardian/ Patient Signature if over 18 or form will be invalid

Date

Guardian/ Patient printed name

Relationship to Patient



Boston Children's Hospital
Community of Care
Preferred Pediatric Practice

Until every child is well™