



Princeton Pediatrics

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Authorization To Release Medical Records

I understand that my child's medical records are confidential and cannot be disclosed without my written authorization, except otherwise provided by law. I hereby voluntarily authorize the release of the following information from the medical record below to **Princeton Pediatrics**.

Patient(s) Name(s) Birth date(s)

The information specified below may be released from:

Name of physician/clinic

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____ Fax: _____

Specific information to be released: (Please check all that you are requesting be released)

- Complete Medical Record for this Office
- Last visit summary or hospital discharge summary only
- Other (Please List) _____
- Immunization Records Only
- Diagnostic Testing & Results Only

Please let us know the reason you are requesting you records:

- Change in PCP
- Change in insurance
- Move
- Requesting records for a visit or stay at an urgent care or hospital
- Requesting vaccine records for school, camp, or travel
- Other

Please give reason for other: _____

I understand that I am requesting these records on behalf of my physician's office and that these records will be received by fax to the fax number of the clinic listed above. In compliance with the Texas Medical Board, there can be no charges for these records to be faxed or provided electronically when requested by a licensed Texas health care provider for emergency or acute medical care. As I will be changing my PCP through which I will be receiving well child visits as well as acute medical care, the above records are critical for the maintenance of continuity of care and to provide such acute medical care as will be needed from time to time.

This authorization is valid for one year from the date of signature.

Parent or Guardian Name (Printed)

Phone Number

Signature of Parent or Guardian Name

Date

Thank you in advance for sending this information promptly.

The personal health information that may be contained in this FAX is highly confidential. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this person. Any other use is a violation of Federal Law. Thank you for treating this information in a confidential manner.