

Pavilion Pediatrics at Green Spring Station, P.A.

10755 Falls Road, Suite 260

Lutherville, Maryland 21093

Phone: (410) 583-2955 Fax: (410) 583-2962

We are happy to provide you with a secure electronic medical record file. Please enclose the payment along with your completed request and mail it to:

Pavilion Pediatrics at Green Spring Station

10755 Falls Rd, Suite 260

Lutherville, Maryland 21093

Fee:

\$20.00 for electronic record to be picked up

\$23.00 for electronic record to be mailed to your home address

We will process your request and send your medical record within 21 business days of receipt of your request and payment.

If you have any questions please call our office at (410)583-2955.

Thank you

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Authorization to Release Medical Records/Information

I, _____ hereby authorize Pavilion Pediatrics at Green
Spring Station to release medical records for: Name _____

Birth Date: _____ Phone #: _____

Address: _____

for the purpose of: Moving to a New Provider Employment

Insurance/bill payment School/College Legal Review

Other: _____

TO: Parent/Patient Name: _____

Mailing Address: _____

_____ Phone # _____

I request the following records be released: (please check ALL that apply)

ALL records of Pavilion Pediatrics (we cannot release records of other entities)

Records during the time period of _____

Physical Exams Lab reports Immunization Record

Other: _____

By signing below, **I understand that I am responsible for the cost to obtain these records.**
And, I affirm that I have the authority to authorize release of the requested records and the use or
disclosure of protected health information. I further affirm that there are no claims or orders effective
or pending that prohibits, limits, or restricts my ability to make this authorization. I understand that
by releasing these records, they may no longer be protected by Federal and/or State privacy laws.

Signature

Date

Print Name of Signature

Relationship to Patient/Authority