

BALLARD PEDIATRIC CLINIC

7554 15TH N.W. • Seattle, WA 98117
206-783-9300

RELEASE OF MEDICAL INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION TO FACILITATE IDENTIFICATION OF THIS RECORD:

PATIENT NAME(S) _____
Last First Middle

ADDRESS _____
Street Apt. #

City State Zip Code
TELEPHONE _____ SOCIAL SECURITY NUMBER _____
Area Code

BIRTHDATE _____ CURRENT PHYSICIAN'S NAME _____

THE NEED FOR THIS INFORMATION IS _____

DATES OF MEDICAL CARE _____

CONSENT FOR THE RELEASE OF MEDICAL INFORMATION

I authorize Ballard Pediatric Clinic to release any information contained in my medical record to:

NAME _____

ADDRESS _____
Street City State Zip

I understand that this authorization unless expressly limited by me in writing, will extend to all aspects of treatment including testing and/or treatment for HIV (AIDS virus) or other sexually transmitted diseases, substance abuse or mental health conditions.

I release the Clinic and its staff from all legal responsibility or liability that may arise from the release of this information. This consent may be revoked by me at any time, except when action has been taken. This release expires 60 days from the date below.

NAME AND RELATIONSHIP TO PATIENT (PRINT) _____

SIGNATURE _____ DATE _____

REQUEST FOR MEDICAL INFORMATION

I authorize _____

ADDRESS _____
Street City State Zip

to release any and all information contained in my medical records to Ballard Pediatric Clinic.

I understand that this authorization unless expressly limited by me in writing, will extend to all aspects of treatment including testing and/or treatment for HIV (AIDS virus) or other sexually transmitted diseases, substance abuse or mental health conditions.

I release the Clinic and its staff from all legal responsibility or liability that may arise from the release of this information. This consent may be revoked by me at any time, except when action has been taken. This release expires 60 days from the date below.

NAME AND RELATIONSHIP TO PATIENT (PRINT) _____

SIGNATURE _____ DATE _____

Matthew W. Allen, M.D. • Kathryn H. Del Beccaro, M.D. • Christianne Eldred, M.D.
Ourania B. Malliris, M.D. • Edward M. McMahon, Jr., M.D. • Robert W. Teizrow, M.D.