



938 South Bradford St  
 Dover, DE 19904  
 P: (302) 538-5624 F: (302) 883-2588

**AUTHORIZATION FOR TRANSFER OF MEDICAL INFORMATION**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Reason for Transferring: \_\_\_\_\_

Please release my records to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please release my records from: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please circle exact records needed to be sent:

Entire records                      Labs                      Immunization Record  
 Last office note                      Last Physical                      Other: \_\_\_\_\_

- 1) I understand that I may revoke this authorization at any time by notifying Kids and Teens Pediatrics of Dover in writing at 938 S. Bradford St Dover DE 19901. I understand that this revocation will not have any affect on actions Kids and Teens took before they received this revocation.
- 2) This authorization is voluntary. I understand that my treatment or payment for services will not be affected if I do not sign this authorization.
- 3) I understand that if the organization to receive the information is not a health plan or a health care provider, the information may no longer be protected by federal privacy regulations.
- 4) If you transfer from Kids and Teens Pediatrics of Dover within a 30 mile radius you will not be accepted back to the practice.
- 5) If you move over the 30 mile radius you will be accepted back to our practice with Doctors approval only.

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Signature of Patients Legal Guardian                      Date                      Printed Name                      Relationship

To Recipient: Information regarding drug and/or alcohol use, abuse, treatment, or referral for treatment has been disclosed to you protected by federal confidentiality rules (42 CFR parts 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR parts 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.