



24 South 1100 East, Suite 301
Salt Lake City, Utah 84102
Phone (801) 521-2640, Fax (801) 363-6407
medrecords@sunnysidepeds.com

AUTHORIZATION TO RELEASE INFORMATION

PATIENT NAME _____ DATE OF BIRTH _____

PATIENT CURRENT ADDRESS _____

CURRENT PHONE NUMBER _____

Please **CIRCLE** any that have been your primary care provider:

- Sharon Schriewer, MD Suzanne Holbrook, MD Jennifer Cox, MD Sandra Phillips, MD
- Paul Swensen, MD Louis Borgenicht, MD Ginny Hiatt, FNP

I authorize **SUNNYSIDE PEDIATRICS** to (PLEASE CHECK ONE BOX BELOW)

Release Information to:

Receive Information from:

PROVIDER/FACILITY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

INFORMATION TO BE RELEASED

- Complete health record Lab/Radiology reports
- Physical Exam Consultation reports
- Immunization records Other _____

REASON FOR RELEASE

- Change of Insurance Referral to specialist
- Moved Personal Copy
- Over 18 years old Unhappy with practice

Fee Schedule

Electronic Medical Records:
 Normal (within 2 weeks):
 No Charge
 Rush (within 48 hours) : \$25

Paper Medical Records:
 Vaccine Report
 (within 2 weeks): \$10
 Complete Chart Report
 (within 2 weeks): \$25
 Rush (within 48 hours) : \$50

Signature of Patient or Legal Guardian

Date

Printed Name

Relationship to Patient