Coastal Children's Clinic
Excellence in Pediatrics For Over 50 Years!

New Bern
703 Newman Rd
New Bern, NC 28562
v(252)-633-2900
f(252)633-9609
Monday-Friday 8-5
Sat 8-12; Sun 12-4

Havelock
218 Stonebridge Sq
Havelock, NC 28532
v(252)447-8100
f(252)447-1900
Monday-Friday 8-5

Maysville
1004 Jenkins Ave
Maysville, NC 28555
v(910)743-2022
f(910)743-1283
Monday-Friday 8-5

WWW.COASTALCHILDRENS.COM

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION
TRANSFER CARE FROM COASTAL CHILDREN'S CLINIC

I hereby authorize Coastal Children's Clinic to disclose the following information: any and all medical reports and records, including:

- ❑ in-patient,
- ❑ out-patient,
- ❑ doctor's notes,
- ❑ correspondence,
- ❑ treatment,
- ❑ laboratory and pathological tests,
- ❑ examinations and analyses,
- ❑ surgical and non-surgical procedures,
- ❑ diagnosis, prognosis,
- ❑ history of billing or charges
- ❑ immunizations, growth charts

for all or part of said services to (Patient's name) (Patient's Date of Birth): List Children:

_____

Said authorization is given for the following purpose or need: TRANSFER CARE

I further authorize request to photocopy or otherwise reproduce said records for **transmittal to** (name, street address, fax number, phone number):

_____

_____

I have been informed that the requestor will not release any information about me to any person or agency other than those stated above. This authorization shall remain valid until _____ and will expire without further notice or condition. (Date or Defined Event)

If no date is given, then this is valid until purpose is fulfilled up to one year.

I understand and have been informed that I have the right to receive a copy of this authorization and acknowledge receipt of the same if so demanded. _____.
(Initial)

_____ _____
Chart # Patient's Names

Date: _____ Name _____
Please Print Name of Parent or Legal Guardian

Signature: _____

If Patient is transferring to a new location, please list your new address and phone number below:

_____

_____

_____ For Office Use: Verification of Identification and Documentation Complete
Please Sign and Date

To whom it may concern:

The Federal Privacy Act of 1974 (P.L.93-579) and other government regulations have heightened the need for security in the transfer of privileged communications. The information you request will be records whose confidentiality is protected by those regulations and prohibit anyone from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations.

cc: Parent or Guardian