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**READING PEDIATRIC ASSOCIATES PC**

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**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

I \_\_\_\_\_ hereby request a copy of my health records and authorize Reading Pediatric Associates PC to disclose a copy of my health records to me.

(Note: In order to protect your health information, we will ask you for an ID before releasing your charts.)

- I want my records:
- Sent Through Web Portal as PDF file (\$10 per patient)
  - Copied on Paper (\$25 per patient)

**Note:** With the Web Portal option we will send your full records through the Web Portal, as a pdf file, but will also provide you paper copies of your immunizations, latest physical, medication history, and problem list. If you have yet or are not sure if you've signed up for our Web Portal, please call us or visit our office.

NAME OF ALL PATIENTS AND DATES OF BIRTH:

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE MY MEDICAL RECORDS TO:**

NAME OF PARENT OR PATIENT: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

- Record Request for ALL dates      **OR**       Record Request for treatment dates \_\_\_\_\_ to \_\_\_\_\_

**I authorize Reading Pediatric Associates, PC to disclose the protected health information described below:**

I authorize the release of my **full** health record. If applicable, this would include records relating to mental health, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse..

**OR**

- I authorize the release of my complete health record **with the exception** of the following information:
- |                              |  |
|------------------------------|--|
| Mental Health Records        | Communicable diseases (including HIV and AIDS) |
| Alcohol/Drug Abuse treatment | Pregnancy/ Sexual Activity                     |
| Other (please specify):      |  |

**IF OVER 18:** I give my parents permission to pick up my records      Yes      No

**Please note:** Medical records cannot be copied upon demand. The normal completion time is 3 to 5 days.

\_\_\_\_\_  
**PATIENT/PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**