



Virginia Pediatric & Adolescent Center, P.C.



Springfield Professional Park
8316 Traford Lane
Springfield, VA 22152
Phone: (703) 569- 8400
Fax: (703) 569-1182

Fair Oaks Medical Building
4001 Fair Ridge Drive, Suite 301
Fairfax, VA 22033
Phone: (703) 569-8400
Fax: (703) 758-7602

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: _____ **Date of Birth:** _____

Parent's Name: _____ Contact Number: _____

Date of Request: _____ **Provider:** _____

Request reason:

- Personal/Insurance Copy
- Transfer Out/Moving Out of the Area
- Other: _____

At which office is your chart located?

- Fair Oaks Office Springfield Office
- Iron Mountain Storage Facility

****There is an additional \$60.00 charge per chart if records need to be retrieved from Iron Mountain****

A. IMMUNIZATION RECORDS (NO CHARGE)

B. BRIEF SUMMARY: (ALLOW ONE WEEK FOR COMPLETION)

Includes: Immunization Records, Last Physical Exam, Laboratory Results, Growth Charts

C. COMPLETE CHART: (ALLOW TWO WEEKS FOR COMPLETION)

Includes: All Office Visits, Immunization Records, Growth Charts, Imaging & Lab Results

****THE COST OF COPYING THE CHART IS \$0.50 PER SHEET. FOR A COMPLETE SUMMARY, THE COST IS \$0.25 PER SHEET AFTER THE FIRST 50 PAGES ACCORDING TO VIRGINIA CODE 8.01-413.**

PAYMENT IS DUE UPON RECEIPT

TO BE PICKED UP

TO BE MAILED (additional postage cost applies*)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Parent/Guardian/Patient Signature: _____ **Date signed:** _____

*Note: Any patient over 18 must sign for and pick up his/her own medical records. *

**Any correspondence from a specialist such as a cardiologist must be requested from that particular doctor. **

To be filled out by VPAC Personnel: Date Copied: _____ Initial: _____

Date Mailed: _____ Initial: _____ Date Picked Up: _____ Initial: _____