



PediatriCare Associates
Pediatric and Adolescent Medicine

AUTHORIZATION FOR TRANSFER OF MEDICAL RECORDS

Please be aware the record release processing fee must be paid before records can be sent.

I, _____, do hereby authorize PediatriCare Associates to release all medical records pertaining to the patient(s) listed below:

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Reason for leaving PediatriCare Associates: _____

Mail or Fax Records to: _____

I hereby authorize disclosure of the health information for the above names patient(s). This authorization is valid for 12 months from the date of signature. I understand that they legally have 30 days to release my records. I also understand that I may cancel this request with written notification but that it will not affect any information release prior to notification of cancellation.

(Signature of parent/legal guardian)

(Phone number to call when records are ready)

PediatriCare Associates
400 North Franklin Turnpike
Mahwah, NJ 07430
Phone: (201) 529-4545
Fax: (201) 529-1596

PediatriCare Associates
20-20 Fair Lawn Avenue
Fair Lawn, NJ 07410
Phone: (201) 791-4545
Fax: (201) 791-3765

PediatriCare Associates
901 Route 23 South
Pompton Plains, NJ 07444
Phone: (973) 831-4545
Fax: (973) 831-1527

PediatriCare Associates
1225 McBride Ave
Woodland Park, NJ 07424
Phone: (973)-256-4545
Fax: (973)-826-8600