



MEDICAL RECORD(S) RELEASE

From: Chattering Children

To: _____

The medical records for the following individual(s):

Name: _____

DOB: ____/____/____ Phone: _____

Bill To Address: _____

All Records Surgical Notes Only Other: _____

Reason for Transfer of Records:

Change of Insurance to: _____

Relocation, if yes new address: _____

Other: _____

I hereby authorize you to release any information including the diagnosis and records of any treatment or examination rendered for the above specified patient.

Signed: _____ Date: ____/____/____

As pursuant to Virginia Law (VA Code 8.01-413) charges will be as follows: A fee of \$15.00 for handling and a fee of \$.50 per page up to 50 pages, plus \$.25 per page for each page over 50 shall be posted to the patient account as one line item and the payment posted against it.

Example: A 62 page chart; \$25.00 (50 pages x \$0.50) + \$3.00 (12 pages x \$0.25) = \$28.00

Mailed on ____/____/____ Picked Up on ____/____/____