



Your Pediatric Home

Midcoast Pediatrics

121 Medical Center Drive, Ste 2600 Brunswick, ME 04011

207-721-8333 FAX; 207-798-4618

David L. Enright, MD, Amina B. Hanna, MD, Stephanie A. Phelps, MD, Margaret Curtis, MD,
Deborah Hagler, MD, Lawrence Losey, MD Elise K. Wiley, PNP/FNP , Jessica Rubashkin, CPNP

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

From: Name & Address of Medical Facility

To: Name & Address of Medical Facility

NAME OF PATIENT: _____

DATE OF BIRTH: ____/____/____ **PHONE NUMBER:** _____

CURRENT ADDRESS: _____

PURPOSE OF THIS RELEASE:

Transfer of Care **Allow you to discuss my health care with** _____

Other: _____

Documents to be released (please specify): _____

I understand the records requested may contain information related to drug and/or alcohol use, psychiatric treatment, sexually transmitted diseases, HIV testing or other sensitive treatment, unless otherwise noted as above. I agree to its release by signing below. Note: A patient or his/her legal representative may refuse authorization to disclose health care information. However, this refusal may result in improper diagnosis or treatment, denial of coverage, or a claim for health benefits or other adverse consequences. This authorization will remain in effect for one year unless I request in writing that it be removed before then.

Signature of Patient/Legally Authorized Representative

Date

Name Printed

Relationship to Patient