



Children's Clinic of Wyomissing

2240 Ridgewood Road, Suite 100
Wyomissing, PA 19610
(610) 376 8691 / Fax (610) 376 8745

REQUEST TO TRANSFER MEDICAL RECORD

I hereby authorize:

Children's Clinic of Wyomissing
2240 Ridgewood Road, Suite 100
Wyomissing, PA 19610
610-378-1722

To transfer copy of records to:

Name _____

Address _____

Telephone No. _____

I am aware that the medical record may contain information relating to the treatment of mental health, drug and alcohol abuse, HIV testing and AIDS related information. I assume sole responsibility for specifying what, if any, information **I do not wish to be released** on the following space provided: _____

I further understand that my records contain confidential and privileged information and that by consenting to release of my records, I am waiving this privilege, and I hereby relieve and hold harmless The Children's Clinic of Wyomissing from any liability related to the release of my records. I also understand that I have the right to revoke this authorization at any time otherwise this medical record release is in full force for **60 days from the above date.**

CHILDREN'S CLINIC OF WYOMISSING WILL NOT FAX PATIENT RECORDS and we recommend that the CD's are picked up from our office to avoid mailing cost

Fee for copies is as follows:

\$31.98 (25.00 per each Complete chart on CD - Plus \$6.98 CERTIFIED, Return Receipt mailing cost).
Medical Assistance is exempt from the charge.

The Fee is payable at time of request. For your convenience, the following forms of payment are accepted; Cash, Personal Check, Visa, Master Card, American Express and Discover.

PATIENT NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PHONE No. : _____

PLEASE SPECIFY REASON FOR REQUEST: _____

PLEASE NOTE - Once the request is completed you are no longer a patient in this practice and it's your responsibility to establish care with physician of your choice.

❖ _____ Date _____
Printed name & Signature of Patient or Guardian if Patient is a minor (under age of 18.)
All patients over the age of 18 must personally sign the request)

❖ If someone other than yourself is going to pick up the records please list the authorized people otherwise the CD will not be released: _____