Pinecone Pediatrics
Tammy Roesler, M.D., Kimiko Ishibashi, M.D. & Andrea Cordell, APRN,CPNP
3725 Lakeside Drive
Reno, NV 89509
PH: 775-737-4707 FAX: 877-548-4385

Authorization to Release Medical Records/Use Personal Health Information

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Address: _____

City, State, Zip:_____

Patient/Guardian Phone Number: _____

Purpose of Disclosure: □ Healthcare □ Transfer of Care □ Personal □ Other: _____
To Include: □ All Records □ Immunization Records □ Other: _____

I authorize Pinecone Pediatrics to obtain information **FROM**:	I authorize Pinecone Pediatrics to release information **TO**:
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____
FAX: _____	FAX: _____

I understand that:

- Authorizing the disclosure of this health information is voluntary. If I have questions about disclosure of my health information, I can contact the authorized individual or organization making disclosure.
- I may cancel this authorization at any time by submitting a written request to the Privacy Officer, except where disclosure has already been made in reliance on my prior authorization. I understand that the revocation will not apply to any information that has already been released in response to this authorization.

Signature of Patient's Parent/Legal Guardian: _____

Relationship to Patient: _____ Date: _____