

Bear Pediatrics, LLC
Katie Bittner- Cassett, CRNP
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Fallston, MD 21047
(O) 443-981-3337 (F) 443-981-3286

Authorization for Release of Medical Records

I authorize **Bear Pediatrics, LLC** to disclose the health information for:

Patient Name: _____

Date of Birth: _____ **Phone:** _____

Address: _____

The health information should be sent to or will be picked up by:

Name: _____

Address: _____

Phone: _____ **Fax:** _____

Please include the following items: Complete record _____

_____ Sick Visits _____ Well Visits _____ Immunization Record

_____ Laboratory _____ Radiology _____ Growth Charts

_____ Operative _____ Hospitalizations _____ Consults

_____ Newborn Record/ Newborn Screen

_____ Other: _____

_____ Mail Records

_____ Pick up Records

_____ Fax Records

I hereby authorize you to release the protected health information on the patient listed above for continuing medical care. I reserve the right to revoke this authorization in writing at any time. I understand that this protected health information may be re-disclosed by the recipient and is no longer protected under privacy rules.

Patient Signature (>18 years old)
Guardian Signature (<18 years old)

Relationship to Patient

Date