Plattsburgh Primary Care Pediatrics

Primary Care Health Partners - New York, LLP

Request received by:

Authorization for Release/Request of Information

Date:

Patient: _____ **DOB:** _____

Account #: _____ **PCP:** ☐ACH ☐DBE ☐MME

Method of Disclosure: ☐Pick-up ☐Fax ☐Mail ☐Obtain records from

Office Name: _____

Address: _____

Phone/Fax Number: _____

☐**Minimum Information** (No Charge to Fax, $5 Fee to Print)

☐**Full Medical Record on Disc** ($10 Fee)

☐**Other (Fee may apply depending on request):** _____

Reason for request of records:

☐**Transfer** ☐**Discharge** ☐**Other:** _____

****Once this record release is signed for transfer of records, the above patient is no longer an active patient at our practice. Any future scheduled appointments will be cancelled. Please make sure any medication refills, open labs, or any other items that pertain to your child have been discussed with you/your child's physician. Once signed, they will not be able to fill medications or contact you with results.**

****If a patient is transferring records into our office, your child is not considered a patient here until records have been received. Our office gives 30 days to receive records.**

Signature: _____ **Date:** _____

Relationship to Patient: _____

159 MARGARET ST., SUITE 103
PLATTSBURGH, NY 12901
P: 518-562-0151 F: 518-562-2718

Request completed by:

Plattsburgh Primary Care Pediatrics

Primary Care Health Partners - New York, LLP

Request received by:

1. Who was the patient's Primary Care Provider?

☐ David Beguin, MD ☐ Anthony Ching, MD ☐ Melissa Meyer, MD

2. Please select the response that best describes your reason for leaving Plattsburgh Primary Care Pediatrics.

☐ Moving out of the area ☐ Wait time

☐ Transfer/Discharged ☐ Appointment availability

☐ Dissatisfied with service. Please specify: _____

☐ Other: _____

3. How long has you/your child been a patient at Plattsburgh Primary Care Pediatrics?

☐ < 1 year ☐ 1-3 years

☐ 3-5 years ☐ > 5 years

4. Please provide any additional feedback below:

_____

_____

_____

_____

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