PEDIATRIC CARE OF KENTUCKY, P.S.C.

Keith A. Stowers, MD, F.A.A.P
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James J. Kelly, M. D.
(1921-2001)

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AUTHORIZATION FOR TRANSFER OF MEDICAL RECORDS 10-19-15

Per a patient's ***written request***, medical records will be copied at **no charge** for first time requests. Thereafter, *a copying fee of $1.00 per page (per KRS 422.317(1) will be assessed.* Please call our Medical Records Clerk for the exact amount.

Please list below the Patient(s) Name, Address, Date of Birth and Home Phone of records to be transferred:

Patient Name	Address/City/State/Zip	D.O.B.	Phone#

Medical records are being requested for the following reason:

( ) Age ( ) Insurance ( ) Relocation ( ) Specialist Visit

( ) Dissatisfaction** ( ) Other

** If you are transferring records to another health care provider, please state below the reason(s) for your change.

I understand this release may include medical records of treatment for physical and/or emotional illness, including treatment of alcohol or drug abuse. I also understand that HIV, AIDS, or AIDS-related information may also be released.

▪ **PLEASE RELEASE THE ABOVE INFORMATION TO:**

Physician/Parent/Patient/Legal Guardian

Address

City/State/Zip

▪ **PICK UP RECORDS: PHONE #**

Signature of Parent/Patient/Legal Guardian **Date**

Print Name of Signature Above

Signature of Witness **Date**