



Waggoner Pediatrics of Central Iowa

Putting families first for over 25 years.

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Authorization to Release or Request Medical Information

Please complete all fields to prevent delay in release of information.

Patient Information

Name: _____ Date of Birth: _____

Parent's Names: _____

Provider (who is authorized to release the information)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____

Requestor (where you want the information sent)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____

Information Requested (please check all that apply)

- Abstract (all physician dictations/test results)
- Diagnostic Testing & Results
- History & Physical (Date: _____)
- Billing Records
- Complete Records
- Other (Please specify: _____)

Purpose of Release

- Transfer of Care
- Moving
- Personal Use
- Insurance Coverage
- Legal Purposes
- Other (Please specify: _____)
- Correspondence/Care Coordination/Referral
- Disability

NOTICE: When transferring records, there is a \$10 charge per child or \$20 charge per family.

Specific Authorization for Release of Information Protected by State or Federal Law

Unless otherwise indicated, my signature authorizes the release of the medical records requested above without exception, including any information concerning HIV/AIDS testing, psychological treatment, alcohol or drug abuse, or genetic testing.

Exceptions: _____

This authorization is effective for one year from the date on which it was signed. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to Waggoner Pediatrics of Central Iowa Medical Records Department.

Signature of Patient or Legal Representative: _____ Date: _____

This form does not authorize the re-disclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse or by state law for mental health records, federal requirements (42 C.F.R., Part 2) and state requirements (Iowa Code Ch2288) prohibit further disclosure without specific written consent of the patient, or as otherwise permitted by such state law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.