

Sandy Springs Pediatrics & Adolescent Medicine, PC

Fax: 404-256-1759

Dear Parent,

All medical record requests are handled by HealthPort. They come to the office on a weekly basis to scan all requested records. They download the scanned records to their corporate office each evening and the records are printed and mailed the following day. The fees for copies of medical records are based on the State of Georgia Fee Schedule, Chapter 33 of Title 31 of the Official Code of Georgia Annotated, Section 2-A.

Your child/children's records are the property of Sandy Springs Pediatrics and Adolescent Medicine. We are required by law to keep these records for 5 years after your child turns 21. Bill rates below:

Please copy –

Immunization Records

Last 2 years records

Complete chart

Children Names & Date of Birth

I understand that the records to be used or disclosed pursuant to this authorization may contain _____ records relating to participation in any federally assisted drug and alcohol abuse program; _____ information relating to diagnosis and treatment of mental, alcoholic, drug dependency, or emotional condition, other than notes recorded by a mental health professional documenting or analyzing conversation during a counseling session provided such notes are maintained separately (unless this authorization pertains specifically to psychotherapy notes); _____ information relating to HIV testing, HIV status, or AIDS. I understand that such information is subject to special protections pursuant to state and federal laws and regulations. **By my initials, I authorize the use or disclosure of records containing such information if they are otherwise included within the scope of this authorization.**

Please mail records to:

Reason for leaving: _____

Name, address and phone number:

_____ Phone: _____

Parent Signature _____

Patient Signature (18 yrs & older) _____