

Stepping Stones Pediatrics

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Consent Form for Release of Information (request for outgoing records)

Child's Name _____

Date of Birth _____

Social Security # _____

Facility/Physician's office being asked for information:

Stepping Stones Pediatrics
10941 Raven Ridge Road
Suite 105
Raleigh, NC 27614

I, _____ authorize the above named facility to release specified information concerning my child to the following name and address:

<u>Facility/Physician Info:</u>	<u>Billing Information:</u>
Facility Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Fax _____	Fax _____

This data shall include: (*check all that apply*)

vaccination records growth charts outpatient records
 lab data inpatient records complete records
 consultations x-ray reports other _____

The purpose of releasing this data shall be:

medical follow-up insurance personal legal other _____

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent will automatically expire after 90 days from the date on which it is signed. This authorization and request is fully understood and is made voluntary on my part.

Signature _____

Date ___ / ___ / ___

Relationship to Patient _____

Records are copied by Healthport and are subject to \$.75 per page fee. If there are questions about your bill or status of your records, call Healthport at 1-800-367-1500.



FEE FOR COPYING PATIENT RECORDS

We have contracted with HealthPort to process your request for medical records.

The charge for this service is:

Pages 1-25 = \$.75 per page
Pages 26-100 = \$.50 per page
Pages 101 & up = \$.25 per page
+ actual postage

**You will be pre-billed for the records.
As soon as the invoice is paid, your records will be mailed.**

You may choose whether you want the records to be sent to a Doctor's office or to your home address.

All fees are based on HIPAA guidelines.

**For Healthport Customer Service, please call
1-800-367-1500**

Please allow 5 to 10 business days for records to be received by the requestor, after the invoice has been paid. You will receive an invoice from HealthPort for services rendered.