

**GREATER LOWELL PEDIATRICS**  
**Authorization for Release of Medical Records**

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

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**Note: There is a clerical fee of \$15 applied to all requests along with a per page fee of 50 cents. The following information is to be released: (Please check one)**

Copy of complete record

Only the following specific information is to be released \_\_\_\_\_

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Please indicate reason for request:

Leaving GLP- Insurance change, please list new insurance \_\_\_\_\_

Leaving GLP – Change of Primary Care Physician

Leaving GLP – Dissatisfied

Copy of record for personal use

Consult or referral to specialist (Records to be forwarded directly to specialist office)

Other (specify reason) \_\_\_\_\_

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**Please Note:**

1. Medical Records **cannot** be processed upon demand. Normal processing time is 2-3 weeks.
2. Redislosure: Only information related to your care at Greater Lowell Pediatrics is to be released from you records. We will not release information received from other physicians or facilities.

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**Release of Sensitive Information:**

I understand that if my medical records contain sensitive information related to drug and/or alcohol abuse, mental health visits, sexually transmitted disease, social service, infertility, abortion, abuse (child), sexual abuse, assault, rape or hepatitis testing/treatment: **Please check one of the following.**

**I AGREE to the release of this information**

**I DO NOT AGREE to the release of this information**

**Does not apply**

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Parent/Legal Guardian Signature

Date

**Note: Patients 18 year of age or older must sign their own release**

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**Note:** In addition to the signature above, if you want your **HIV (AIDS)** testing/results/treatment records released you **MUST** also sign and date below.

**\_\_\_ I AGREE TO THE RELEASE OF MY HIV INFORMATION.**

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Patient/Legal Guardian Signature

**Note: Patients 18 years of age or older must sign their own release.**

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