



Pediatrics South

www.pediatricssouth.com

**Mt Lebanon
Peters
240 Mt Lebanon Blvd
3055 Washington Rd
Pittsburgh PA 15234
Suite 102
412-561-7541
McMurray PA 15317

724-969-5025**

**Robinson
5676 Steubenville Pike

Suite C

McKees Rocks PA 15136

412-494-9588**

RELEASE OF MEDICAL RECORDS TO PEDIATRICS SOUTH

I hereby authorize:

Doctor/Practice Name: _____

Address: _____

City, State, Zip: _____

Office Phone: _____ Office Fax: _____

To release information from the medical records of:

Patient's Name: _____ Birthdate: _____

To the following name and address:

**PEDIATRICS SOUTH
240 MT. LEBANON BLVD.
PITTSBURGH, PA 15234
PHONE: 412.561.7561 FAX: 724.731.0262**

Information to be released:

_____ All medical records
_____ Immunization records and last health review
_____ Immunization records only
_____ Other (please
specify) _____

**Scott L. Tyson, MD
Janet M. Breslin, MD
Barbara Braman, CRNP
Wilmarie Garcia, MD**

**Maya Goldin-Perschbacher, MD
Ashley Loboda, MD
Rosanne Levine, CRNP
Britta Kocak, MD
Nila Mistry, MD**

**Amy A. Gosling, MD
Linda E. Range, MD
Marc Yester, MD
Susan Van Cleve, CRNP**



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Signature of patient/guardian

Date:

When my information is used or disclosed to pursuant to this authorization, it may be subject to disclosure by the recipient and my no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to:

Privacy Officer, 240 Mt. Lebanon Blvd., Pittsburgh, PA 15234

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