The Pediatric & Adolescent Center, Inc.

6148 N Discovery Way, Suite 100
Boise, ID 83713
Phone: (208) 322-5437
Fax: (208) 322- 4638

William Bourquard, MD Nancy Miller, MS, FNP-C

Release must be filled out completely

Patients Name Phone Number Date of Birth

Full Address City State Zip Code

☐ Request Medical Information
(Records from another facility to TPAC)
From Doctor: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____

☐ Authorization to Release Medical Information (from TPAC to new facility)
Send To: _____
Address: _____
City/State/ Zip: _____
Phone: _____
Fax: _____

PLEASE BEAWARE THERE WILL BE A CHARGE FOR RECORDS:

There is no charge for the first 15 pages, 16 pages or more requires a charge of $0.25 per page.
All charges must be pre-paid if mailing or paid at the time of pick up.
Page Count _____ $_____

Immunization Records	Complete Health Record	Treatment Information
History & Physical	X-Ray Reports	Progress Notes
Laboratory Test Results	Complete Billing Record	Diagnosis & Treatment

Date(s) of Service: _____

Reason for Release: Transfer of Care Moving Other: _____
Review Procedures:

Your request to inspect or obtain a copy of your Protected Health Information will be reviewed by your doctor to determine what information can be made available to you. We may be legally prohibited from making certain information available to patients or patient's representatives, including:
Psychotherapy Notes
Information related to Legal Proceedings
Information that federal or state laws prevent us from disclosing
Information that we obtained under a promise of confidentially

Within the limits of the law, we will make every effort to accommodate your request. We will complete our review of your request and either arrange for you to receive a copy of your records within 30 days of your request or provide you with an explanation of any restrictions on the information that we an provide you.

Name of Patient (Print) Signature Date

Signature of Patients Representative Relationship to Patient
This authorization is valid for 120 days unless it is revoked in writing prior to that.