

Legacy Pediatrics

Request To Have Records Transferred Out

In order to transfer medical records for our patients, we must have written consent from the patient if over 18 years old, otherwise the parent or legal guardian. We are required by law to retain the original record. We do not copy or transfer records that originated in another physicians practice.

Transferring medical records requires physician time, staff time, and careful attention. Please allow us two weeks to complete your request.

I am requesting Legacy Pediatrics to send a copy of the medical records for:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

I understand all medical records will be sent unless I have checked exceptions:

- Drug, alcohol, and related treatment information
- Mental health information
- Other information as described _____

Please forward medical records to: _____

Signature _____ Date _____

Relationship _____