NEST Children's Clinic
9425 Sandifur Parkway
Pasco WA, 99301
Phone: 509.589.2223

Medical Records Release

Patient Information			
Name (First, Middle, Last):			DOB:
Address:	City:	State:	Zip:
Phone #:	Email:	Medical Record #:	

Records Request Details

Entity Releasing Records			
Entity Name:		Contact Name:	
Address:	City:	State:	Zip:
Phone #:	Fax #:	Email:	
Entity Receiving Records			
Entity Name: NEST Children's Clinic		Contact Name:	
Address: 9425 Sandifur Parkway	City: Pasco	State: WA	Zip: 99301
Phone #: 509.589.2223	Fax #: 509.590.4706	Email:	
Information Release Details			
Effective Time Period:			
Purpose of Release:			

Type of Records Being Released (check all that apply):		Release of Sensitive Medical Info (check all that apply):
All Medical Records Urgent Care Notes Operative Notes Discharge Summaries Laboratory Reports Patient Billing Records Emergency Room Notes Progress Notes	Radiology Reports Film/CD Imaging Clinical Notes Nursing Notes History & Physical Providers Orders Consultations Other:	Mental Health/Psychiatric Treatment Genetic Testing Information Alcohol or Substance Abuse Treatment STD/HIV/AIDS Treatment(s) or test(s) Additional Info:

Formate: Email Address noted above, where permitted CD Paper copy Other:	Delivery Method: US Mail Pick-up Fax Email	Overnight/Express Certified Other:

Patient's Rights

Patient Rights
I understand that: ● I can cancel this permission at any time. I must cancel in writing and send or deliver cancellation to the releasing facility or practice named above. Any cancellation will apply only to information not yet released by facility or practice. ● Refusing to sign this form will not prevent my ability to get treatment, payment, enrollment in a health plan, or eligibility for benefits. ● I have a right to a copy of this Authorization.

Authorization

_____ _____

Signature of Patient or Patient's Representative Date

_____ _____

Printed Name Representative's Relationship to Patient

_____ _____

Witness (optional) Date