



# Pediatric Associates of Alexandria

**HealthPlex Office**  
6355 Walker Lane, Suite 401  
Alexandria, VA 22310

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3600 S. Glebe Rd. Suite 150  
Arlington, VA 22202

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www.pedsalex.com  
www.healthychildren.org

## Medical Records Release Form

Authorization for the request of Protected Health Information

There will be a fee for the requested records. Please allow a minimum of 1-2 weeks for processing.

- Please be aware that medical records can be obtained through the patient portal app **free** of charge.

To access Patient Portal Records: Login to the patient portal app – Click on “My Records”- Appointments- Then Click on each appointment and at the bottom click on Download PDF.

I hereby authorize the use or disclosure of my child(ren)'s individually identifiable health information as described below. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle TO/FROM appropriately to avoid delays in record processing

TO / FROM:

**Pediatric Associates of Alexandria**

6355 Walker Lane

Suite 401

Alexandria, VA.

Address:

TO / FROM:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

3600 S Glebe Rd

Suite 150

Arlington, VA. 22202

Phone: 703.924.2100

Fax: 703.922.6067

All Medical Records  Immunization Records Only  Specific dates of service, from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If Pediatric Associates of Alexandria is releasing your child(ren)'s medical records to you or to another party such fees are associated. Please allow a minimum or 1-2 weeks for processing.

All Records-Fee: \$0.50 per page for the first 50 pages; \$.0.25 a page for each additional page plus a 10.00 handling/mailling fee.

CD Copy of records (\$25.00 for first record. \$15.00 dollars per additional sibling. Postage included in price)

USB Copy of records (\$25.00 for first record. \$15.00 dollars per additional sibling. Postage included in price)

\_\_\_\_\_  
*Signature of Parent, Patient or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Printed Name of Parent, Patient or Guardian*

\_\_\_\_\_  
*Relationship*