

Authorization for Release of Health Information

1247 S. Cedar Crest Blvd, Suite 101 • Allentown, PA 18103 610-770-1800 • www.everychildeverytime.com

EFFECTIVE MARCH 19, 2018: Medical Records may be requested by and released ONLY to the Parent/Guardian of the patient (patients under 14 years of age), or to the patient directly (patients 14 years or older). CICS will no longer directly release records to outside entities including schools, medical offices or employers except under limited circumstances and with the prior permission of the parent/guardian and/or patient.

REQUEST FOR RECORDS

Please complete this Authorization in its entirety. Incomplete forms may delay timely processing and/or may be returned to the patient for additional information.

and, or may be returned to the patient for additional information.						
			he	reby request Children's Integrated Center for		
	(Name of Parent/Gua	rdian/ Patient)	-			
Suco	cess (CICS) to release	medical/behavioral health info	orn	nation from the records of:		
Pa	tient Name:					
Pa	tient Date of Birth:					
	son For Request:	rmation is being requested:				
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	Discharge Summary: \$0.75 per page			Diagnosis Letter: \$20.00		
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	Discharge Summary: \$0.75 per page		Diagnosis Letter: \$20.00	
	Psychiatric/Psychological Evaluation Summary: \$0.75 per page		Diagnosis Letter with school-based accommodations: \$50.00	
	Counseling Summary of Treatment: \$0.75 per page		FMLA paperwork: \$50.00 flat fee	
	Medication Summary: \$0.75 per page		School Forms to be completed \$5.00	
	Occupational/Speech Evals: \$0.75 per page		School Forms to be completed: \$5.00	
	ADOS Summary: \$0.75 per page Lab Reports: \$0.75 per page Quotient Testing Results: \$0.75 per page Genetic Testing Results*: \$0.75 per page Psychological Testing Results (WISC/WIATT):		Other (prices may vary depending on	
			request):	
	\$0.75 per page			

*IMPORTANT NOTE ON THE RELEASE OF GENETIC TESTING RESULTS: CICS values the use of genetic testing in diagnosis, treatment, and providing informed care for each patient. The information contained in these reports is highly sensitive and should be handled with care. While Parents/Guardians and Patients (14 yrs+) may request copies of these materials it is STRONGLY recommended that these reports be handled with appropriate confidentiality. Due to the sensitive information contained within these reports CICS WILL NOT release genetic testing results prior to reviewing these materials with parents/ guardians and/or patients.

Patient to whom records will be released:								
Name of	Parent/Guai	dian or Patient (14y	rs+):					
Address:								
Phone: _			Fax	Fax:				
Email:								
How wor	uld you like to	receive the request	ed information? (Please circle)				
	Fax	Email	Mail	Verbal Communication	Will pick up from CICS			
RECORE	S RELEASE I	DISCLOSURE:						
Please <u>in</u>	<i>itial</i> each itei	n below and <i>sign</i> to	complete this req	uest.				
	record as or signing. This below. Paties writing at a Authorization Released in employees information. In accordant medical record some situate there will be denied/car.	f the date of signing, is authorization will elents (14 years of ageiny time. In is valid from: If ormation will no lore are not to be held read on the part of the Rice with PA state law cords. This fee may not will be made to protions it may take up the a delay in the processor	as well as information and to	ed to charge a fee for the	ne (1) year after frame is indicated evoke consent in ear from signature) CICS and its staff/ure of this reproduction of manner however in you in writing if this request is			
		_		ment has been reviewed adicated information.	, conditions have			
	lame of Requ egal Guardian,	iestor Patient (14 years and d	_	nature	Date			
Printed Name of Witness			Sig	nature	Date			

RESPONSIBLE PARTY: Please complete the following information for the Parent/Guardian and/or