

Pt. Name \_\_\_\_\_

**Northeast Pediatrics and Adolescent Medicine  
Requests for Forms and Records Policy**

Thank you for choosing Northeast Pediatrics and Adolescent Medicine for your family's health care needs. It is our goal to provide the best possible medical care to your children. In order to achieve this goal, we need your assistance and your understanding of our requests for forms and records policy.

**Medical Records**

All information contained in the medical record belongs to the patient/guarantor. The medical record itself belongs to Northeast Pediatrics and Adolescent Medicine. Please allow two (2) weeks for the processing of your request. For requests of records, the following will apply:

- There will be a \$20 fee to process the copying of your medical record regardless of its size and regardless of whether it is picked up in person or mailed via US mail.
- A records release form must be completed and signed in order to request records.
- Transfer of medical records to another medical practice will **not** be accompanied by a charge.
- A current copy of Immunization records will be provided free of charge.
- A current copy (well visit within 12 months) of a school or day care health certificate will be provided free of charge.

**College Forms**

- There will be a \$15 fee to process all college forms. Please allow two (2) weeks for completion.
- In order to expedite the request, please ensure that you have had a well child exam within the last twelve (12) months, all sections have been completed that can be, and any immunizations or tests that are required have been completed or arranged for prior to submission of form.

**Camp Forms**

- There will be a \$15 fee to process camp forms. Please note that if you bring more than one (1) camp form at a time, the fee will still be \$15. \* If a copy of the health certificate attached to the form is acceptable, there will be no charge.
- Please note: A well child exam within the last twelve (12) months is required in order to vouch for your child's health at camp programs.
- Over the Counter Medication requests will be completed at the discretion of your provider. Please see the form "Requests for Medications at Overnight Camps" for more details. If your child takes medication on a daily basis that we have prescribed, we will be happy to provide any appropriate medication forms required.
- Please plan ahead when submitting camp forms as we need 7-10 days to sign and return them to you. Signed forms can be picked up at our office in the reception area.

We appreciate the time you have taken to read our forms policies. If you have any further questions, please feel free to contact our office to speak with our Office Manager.

I, \_\_\_\_\_, have read and understand the above written patient policy regarding forms policies at Northeast Pediatrics.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date