



**Authorization For Release of Medical Information**

Patient Name		Date of Birth		Social Security Number	
Street Address		City	State	Zip	Telephone Number

I authorize Sweetgrass Pediatrics to obtain information from:

Physician/Practice Name			Physician/Practice Telephone Number		
Street Address		City	State	Zip	

Please forward all requested information to: **Sweetgrass Pediatrics (circle address)**

2713 Dantzer Drive  
North Charleston, SC 29406  
Fax 843-764-1788

748 Orangeburg Road  
Summerville, SC 29483  
Fax 843-285-7272

The transfer of Medical Records shall occur by:  Mail,  Picked Up From Office,  Fax, # \_\_\_\_\_

I authorize Sweetgrass Pediatrics to disclose/release information to:

Physician/Practice Name			Physician/Practice Telephone Number		
Street Address		City	State	Zip	

Information Requested:  All Records,  Specific Date(s) of Service \_\_\_\_\_

The transfer of Medical Records shall occur by:  Mail,  Picked Up From Office,  Fax, # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**\*\*Note: The charge for this service is \$15.00 per person for *OUTGOING RECORDS* only. Patients will be charged for a personal copy or for the transfer of their records, as stated in the Financial Agreement signed by all patients. Fee's charged are in accordance with Physicians Patients Medical Records Act SC Code Ann. 44-115-80.**

**\*\*I understand that any and all information may be released, including but not limited to mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records, and/or HIV test results, if any, except as specifically listed above. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: \_\_\_\_\_\*\***

**\*\* For the release of records (1) protected by the Lanterman-Petris-Short Act (LPS) or (2) containing HIV test results, a separate authorization is required for each separate disclosure. Further, the LPS Act often requires that both patient's treating physician and the patient sign the authorization form before information may be released. It is unclear whether the beneficiary or personal representative of a deceased patient can obtain and disclose certain records containing HIV test results. \*\***

2713 Dantzer Drive, North Charleston SC 29406, 843-764-1722, (Fax) 843-764-1788.

748 Orangeburg Road, Summerville SC 29483, 843-832-8606, (Fax) 843-285-7272.

www.sweetgrasspediatrics.com