



## Authorization for Release of Protected Health Information

- URGENT. Mark if you have same day doctor's appointment.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of next appointment: \_\_\_\_\_ (if known)

I request that Prima Kids disclose my child's protected information to Magnolia Pediatrics of Marin, Inc.

Protected Information includes vaccine records, medication list, allergy list, immunization records, summary of visits including the last well child and any radiology and laboratory reports.

Signature of Patient/Parent/Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Note:** Please submit a separate Medical Release for each child.

**Patients/Parent/Guardian: Please complete this form and submit it in one of the following 3 ways:**

- 1) Fax to 415-883-7348 Attn: Medical Records.
- 2) Email it to us at [frontdesk@MagnoliaPediatricsOfMarin.com](mailto:frontdesk@MagnoliaPediatricsOfMarin.com)
- 3) Or you can mail it to: **Medical Records 9 Commercial Blvd. Suite 200, Novato CA 94949**

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Medical Records Department: Please fax records to Magnolia Pediatrics of Marin, Inc.

655 Redwood Highway, Suite 216, Mill Valley, CA 94941

Phone 415-380-8700

Fax 415-380-8701