

FAX RELEASE FORM

I understand that it is against practice policy for me to receive any of my child's personal medical information by fax or e-mail. However, I am asking that Pediatric Consultants of Troy, PC fax to me information which I have requested. I do understand that Pediatric Consultants of Troy, PC **WILL NOT** be held accountable if someone other than myself is to intercept my child's personal health information. I have been made aware of HIPAA regulations and that faxing or e-mailing personal health information is not recommended.

Today's Date: _____

Attention: _____ (PCT staff member who you spoke with)

Patient Name

Patient Date of Birth

Parent/Guardian Name

Phone Number

Name of document to be faxed

Fax Number

Please e-mail or fax this document to: admin@pedcontroy.com or 248-879-2235