



Pediatric Request for Chart Transfer of Medical Records to Integris

<p style="text-align: center;"><u>Integris Family Care Del City</u></p> <p style="text-align: center;">4801 SE 15th Street, Suite 300 Del City, OK 73115 Phone: 405-702-9400 Fax: 405-702-9437</p>	<p style="text-align: center;"><u>Integris Family Care Del City</u></p> <p style="text-align: center;">Dr. Seana Dean Dr. Courtney Swartz Nancy O'Connell APRN-CNP</p>
--	---

YES! Please transfer my child's records from Centennial Health to Integris Family Care Del City

I understand by submitting this form, I am authorizing Centennial Health to release and transfer medical records for the below named patient to Integris Family Care Del City.

Patient Information (Please Print):

First Name:		Middle Name:		Last Name:	
Name at Time of Treatment (if different than above):					
Date of Birth (MM/DD/Year):		Home Phone:		Cell Phone:	
Street Address:		City:		State:	Zip:

Signature of Patient or Parent/ Legal Guardian/Representative **Date**

Print Name **Relationship to Patient**

**My medical information may indicate that I have a communicable and/or non-communicable disease which may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea, or HIV or AIDS and/or may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.*

** This release is valid only for the services I have indicated. I have the right to revoke this request at any time prior to the actual release of records.*

**I understand that Centennial Health is not responsible for the use or disclosure of the records after they have been released to the designated person or Organization.*

** 42 C.F.R. Prohibits unauthorized disclosure of these records*