

Riverside Pediatrics, Inc.
50 Amaral Street, East Providence, RI 02915
Phone: (401) 434-8009 Fax: (401) 434-2071

Jill Gabrielsen, M.D.
Joseph B. Singer, M.D.

Patricia Lynch-Gadaleta, PA-C

MEDICAL INFORMATION RELEASE FORM

1. I hereby consent to and authorize the release or transfer by Riverside Pediatrics, Inc. of the records of care at this office of:

Patient Name: _____ DOB: _____
Expiration Date: _____

2. I understand that such medical information is needed for or will be used for:

Transfer of care Follow-up care
 Change of Physician/telemedicine Other: _____

3. I request that the medical information be **TRANSFERRED TO:**

4. Information to be transferred:

- All records generated by Riverside Pediatrics
 All records generated by Riverside Pediatrics **except the following:**

5. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the practice. I understand that the revocation will NOT apply to information that has already been released in response to this authorization.

Signature: _____ Date: _____