Dorin Kemmerle, MD LLC dba Sprout Pediatrics
4350 Commercial St SE, Salem, OR 97302
(503) 877-4485 (888) 977-1263
SproutPediatrics.com

Authorization for Release of Medical Information TO Sprout Pediatrics

Child's name: _____ Date of birth: ____/____/____

Additional children for whom this release applies: ☐ Not applicable

Child's name: _____ Date of birth: ____/____/____

Child's name: _____ Date of birth: ____/____/____

Child's name: _____ Date of birth: ____/____/____

Child's name: _____ Date of birth: ____/____/____

I request to have the medical records for the above named child(ren) be released from

VIDA
374 Owens St SE
Salem Oregon 97302
Phone: (503) 399-1400
Fax: (503) 399-1406

To: Sprout Pediatrics

4350 Commercial St SE, Salem OR 97302

Phone: (503) 877-4485 Fax: (888) 977-1263

Please release the following:
___ Vaccine records
___ All health information (including growth charts and vaccination records)
___ Other (specify): _____

___ N/A ___ I consent to the release of information related to HIV/AIDS or infection with any other communicable diseases and information related to behavioral or mental health services and treatment for alcohol and drug abuse, with the rest of the medical records

Purpose of disclosure: Treatment / Continuing medical care

This authorization is valid until I revoke it in writing.

_____ _____
Patient/Responsible Party Signature Date

_____ _____
Patient/Responsible Printed Name Relationship to patient(s)