Whole Pediatrics

# Authorization to Release or Disclose Protected Health Information Patient's

**I, _____ (Parent/Guardian's Full Legal Name), hereby authorize Whole Pediatrics to release and/or obtain the medical records of my child/ward:**

**Patient's Name: _____ Date of Birth: _____/_____/_____**
**Date of Request: _____/_____/_____ Day Time Ph: (_____)_____**
**Address:**
**_____**
**(Street, city, state, zip code)**

**This release applies to the following specific types of information (check all that apply):**

- ☐ **Medical history**
- ☐ **Immunization records**
- ☐ **Allergy records**
- ☐ **Test results (labs, imaging, etc.)**
- ☐ **Consultation reports**
- ☐ **Medication history**
- ☐ **Hospitalization records**
- ☐ **Surgical records**
- ☐ **Other (please specify): _____**

**I authorize the release of the above information to:**

**Please list where Whole Pediatrics is to request medical records from: Facility/Office:**
**_____**

**Address:_____**
**(Street, city, state, zip code)**

**Phone Number: (_____)_____**

**Fax Number: (_____)_____**

**Dates of Service: _____**

**This information is to be used for the following purpose(s):**

**This authorization is valid until: ☐ a specific date (please specify: _____) or**

**☐ when my child turns 18 years old.**

**I understand that I may revoke this authorization at any time by notifying Whole Pediatrics in writing, except to the extent that action has already been taken based on this authorization.**

**I understand that the information used or disclosed according to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws.**

**Parent/Guardian's Signature: _____ Date: _____**

**This form has been reviewed by:**

**Staff's Signature: _____ Date: _____**

**Please send ONLY THE REQUESTED INFORMATION via fax to Whole Pediatrics: (951) 268-7553**

**(Check One) ☐ I give/ ☐ I do not give permission for my providers to speak directly to each other regarding care coordination at (951) 904-2295.**

**If there are any questions or concerns, please contact our office at 951-904-2295 or contact@whole-peds.com**