**AUTHORIZATION FOR PALM BEACH PEDIATRICS, P.A. TO OBTAIN PROTECTED HEALTH INFORMATION – MEDICAL RELEASE FORM**

I, ________________________________________________, hereby authorize

Previous pediatric practice name: ______________________________________

Address: _________________________________________________________

Telephone: _______________________________________________________

to disclose the following protected health information on my child to Palm Beach Pediatrics, P.A.

This protected health information is being used or disclosed to carry out treatment, payment and/or health care operations of Palm Beach Pediatrics, P. A..

I understand I have the right to revoke this authorization, in writing, at any time by sending such written notification to Palm Beach Pediatrics, P. A. in care of the Privacy Contact person. I understand that a revocation is not effective to the extent that Palm Beach Pediatrics, P. A. has relied on the use or disclosure of the protected health information of my child.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Palm Beach Pediatrics, P. A. will not condition my child's treatment, payment, enrollment (if applicable) in a health plan or eligibility for benefits or whether I provide authorization for the requested use or disclosure.

I understand I have the right to refuse to sign this authorization.

_________________________________________________________
Signature of Parent or Personal Representative

_________________________________________________________
Date

_________________________________________________________
Name or Parent or Personal Representative

_________________________________________________________
Description of Personal Representative's Authority

_________________________________________________________
Patient Name and Date of Birth

**PLEASE MAIL RECORDS TO THE OFFICE CIRCLED BELOW:**

Palm Beach Pediatrics, P.A.
12955 Palms West Dr., Ste 100
Loxahatchee, FL. 33470
(561) 798 2468
Fax: (561) 798 2733

Palm Beach Pediatrics, P.A.
3933 North Haverhill Rd., Suite 116
West Palm Beach, FL. 33417
(561) 471 1144
Fax: (561) 471 4278

Palm Beach Pediatrics, P.A.
8200 S. Jog Rd., Suite 101
Boynton Beach, FL. 33472
(561) 509-5009
Fax: (561) 738-0556

Revised: 4/1/10