

WeeCare For Kids, PA

11948 Balm Riverview Road, Riverview, FL 33569

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Dr. Heather Thole, MD
Dr. Christina Dornshuld, MD

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AUTHORIZATION FOR MEDICAL RECORDS

I hereby authorize WeeCare For Kids, PA to: _____ **RELEASE** Medical Records To
_____ **OBTAIN** Medical Records From

Name of Person or Organization Telephone Fax

Address City State Zip Code

I authorize the release of my medical records:

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

REASON for disclosure: ___ Transfer of Care ___ Personal Copy ___ Other _____

___ Newborn Newborn Mother's Name _____

Newborn Mother's DOB _____

This authorization will automatically expire in six (6) months from the date of signature. I understand that I have a right to revoke this authorization at any time. If I revoke this authorization I must do so in writing to the Office Manager at WeeCare For Kids. I understand that the revocation will not apply to information that has already been released in response to this authorization.

WeeCare For Kids, PA owners and staff are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

WeeCare For Kids can not send consult reports received from other medical providers.

Cost of Reproducing Medical Records: In order to process this request there may be a fee in accordance with Florida Rule 64B8-10.003: \$1.00 per page for first 25 pages plus \$0.25 per page in excess of 25 pages. Costs will be submitted to the patient and payment required PRIOR to release of records.

Signature of Patient, Parent or Legal Guardian Printed Name

Relationship to Patient Date Telephone Number

Address City State Zip Code

Office Use: Records Sent

_____ Immunization Record _____ Office Visits _____

_____ Growth Charts _____

_____ Last Well Visit _____ Testing Reports (Lab, Radiology) _____

Comments _____

Note to Recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal and State laws and prohibits you from further disclosure without the written consent of the person to whom it pertains.