



Pediatrics of South Florida

Key Biscayne Pediatrics
240 Crandon Blvd, Suite 212
Key Biscayne, FL 33149
Tel: (305)361-6232

West Kendall Pediatrics
16650 S.W. 88th Street, Suite 105
Miami, Florida. 33196
Tel: (305)549-8255

Homestead Pediatrics
45 NW 8th Street, Suite 110
Homestead, FL 33030
Tel: (305)248-1900

RECORDS RELEASE AUTHORIZATION

(Please complete ONE form per child)

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Account/Chart: _____

Street Address

Phone No. _____

City, State, Zip

By signing this authorization, I authorize the party listed below to use and/or disclose certain protected health information (PHI) about me / my child. I also understand that I may revoke this authorization at any time, in writing, to the address listed below provided the information has not been released.

I authorize

to release to

Provider's Name

New Provider or recipient



Street Address

Street Address

City, State, ZIP

City, State, ZIP

Phone No.

Phone No.

For Patient or Legal Guardian Copy Requests: Paper and/or Electronic

I understand and agree that I am financially responsible for the following fees associated with my request: copying charges, including the cost of supplies, electronic devices, labor, and postage related to the production of my information. I understand that the charge for paper copy is: **\$1.00 each page for the first 25 pages. Each page thereafter is \$0.25.** The costs for reproducing medical records are in accordance with the FL Administrative Register Rule 64B8-10.003 and F.S. 164.524 ©4.

Information to be Released/Requested (Please check off):

All Medical Records Immunizations Labs- Dates: _____ Other: _____

Reason for Record Release (If requesting from our office):

Personal Copy Insurance Change – Name: _____ Moving Over age 21 Referral to Specialist

Unhappy with Practice or Provider (Please state why): _____

Requests for Release or Copy expire 30 days from signature date. Please allow up to 30 days for processing.

Signature (Parent of Legal Guardian)

Printed Name (Parent or Legal Guardian)

Date