

HIPPA Form
Request to release Protected Health Information (PHI)

J.F.K Pediatrics
160 JFK Drive, STE. 101
Atlantis, FL 33462
Ph: 561-964-1215
Fax: 561-964-1245

Just For Kids Pediatrics
9868 S. SR7, STE. 305
Boynton Beach, FL 33472
Ph: 561-369-0111
Fax: 561-369-4003

For Record Release or Copies:

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 authorize for all Protected Health Information (PHI) including Psychological/ Psychiatric conditions, Drug/ Alcohol information and HIV/AIDS information to be disclosed.

**Please send pertinent medical records
(Immunizations, Growth Chart, and Medical Summary)**

Patient Name: _____

DOB: _____

Patient Address: _____

Contact Number: _____

to use or disclose to:

Provider's Name

Street Address

City, State, Zip

Phone #:

Fax #:

Provider's Name

Street Address

City, State, Zip

Phone #:

Fax #:

Reason for release:

- Personal Copy Over 21
 Insurance Change Moving
 Unhappy with practice (please state why):

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian

Relationship to Patient

Date

Witness