

Request for Access to Patient's Medical Information

As a patient of Professional Park Pediatrics, you are entitled under federal law to access your/your child's protected health information maintained in a medical file. In order to process your request for this information, please complete this form. If you have any questions or concerns please contact our office at (850) 402-5454.

Patient Information

Patient Name: _____ Birth Date: _____

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Reason for Request (Check One):

☐ Changing Doctor

☐ Moving

☐ Referral to Specialist

☐ Insurance Change

☐ Other (Please Specify): _____

*****IF YOU ARE CHANGING DOCTORS OR MOVING ALL FUTURE APPOINTMENTS SCHEDULED WITH
OUR OFFICE WILL BE CANCELLED***
(Please let us know if you need to keep ANY appointments currently scheduled.)**

Method of Record Delivery (Check One):

☐ I will return to Professional Park Pediatrics and pick up the copy when it is ready. I understand that these records will only be available once contacted by Professional Park Pediatrics at the phone number I have provided.

Phone Number: _____

☐ I would like Professional Park Pediatrics to send the Medical Records via U.S. Mail to the following address:

I understand that Professional Park Pediatrics is given **thirty (30) days** to process my request for access to my or my child's medical records. I further understand that my rights are limited to any information in my or my child's medical file as defined in Section 164.501 of the Code of Federal Regulations.

By signing below, I acknowledge and agree to the above conditions.

Signature of Patient (18 or Older)/Parent (Under 18)

Date

Relationship to Patient (Parent/Self/Other Legal Guardian)