



# Florida Pediatric Associates

## REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

*Please fill in the following information:*

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PROVIDE MY/MY CHILD'S INFORMATION TO** (name/address/fax/other):

\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION TO BE PROVIDED** (check one or more):

- ☐ All Medical Records/Information ☐ Abstract ☐ Billing records ☐ Outpatient Record  
☐ Diagnostic Test/Results ☐ History & Physical ☐ Discharge Summary  
☐

Other: \_\_\_\_\_

Do not  
include: \_\_\_\_\_

Unless indicated above, I acknowledge that this request specifically includes medical, psychological, psychiatric, developmental-alcohol and/or drug abuse, human immunodeficiency virus (HIV) testing and treatment, AIDS related information, and genetic information if in the possession of Florida Pediatric Associates.

Please include date(s) of service from: \_\_\_\_\_ to \_\_\_\_\_ (records will be provided for all service dates if left blank)

### FORMAT

I request that the copy be provided (where possible/available):

- ☐ On paper ☐ In an electronic format ☐ Discuss my medical information only  
☐ Other: \_\_\_\_\_

If requesting an unencrypted format, by signing below you acknowledge that you understand the inherent risks involved with sending and receiving information in an unencrypted, unsecured, format (such as regular email or unencrypted disc). Such risks include misdirected messages, email intrusion, interception, or views by unauthorized parties. I understand there may be a fee for a copy of my health information. I understand that all fees will be in compliance with applicable law. I agree to pay this fee.

Signature of Patient/Representative: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient (if not patient): \_\_\_\_\_

If you are NOT the patient but are signing on behalf of the patient, please attach proof of your authority to act on behalf of the patient (other than natural parents) unless already provided.