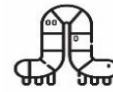


Jupiter Peds, LLC
6650 W. Indiantown Road,
Suite 110
Jupiter, FL 33458
Phone: (561) 575-9876
Fax: (561) 575-2858



Jupiter
Peds

 TopLine MD Alliance

RECORD RELEASE, COPY, AND INSPECT PROTECTED INFORMATION

Patient Name: _____ **DOB:** _____

Records Release and Copies: Signing authorizes my physician to use and disclose certain protected health information found within my child's chart.

Person/Facility releasing information:

Provider

Address

City, State, Zip

Telephone #

Releasing to:

Jupiter Peds, LLC
6650 W Indiantown Rd, Suite 110
Jupiter, FL 33458
Phone: 561-575-9876 Fax 561-575-2858

OTHER:

Records to be released: Entire medical record ****no other items need checked****

Progress Notes Labs/Diagnostic Tests Immunizations

Excluded Information: specify _____

Reason for Release:

Insurance Change Aged out of Practice Moving out of area

Unsatisfied with Practice: why? _____

Release to Patient/Guardian ****Fees apply****

Records released to patient/guardian require a fee of \$1.00 per pages 1-20 and \$.25 for all other pages

****Requests expire 180 days from the date of signature****

Printed Name of Patient or Legal Guardian Date: _____

Signature of Patient or Guardian Relation: _____

Notice of Confidentiality

This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization to release medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.