



Benton Pediatrics, Inc.

Board Certified Pediatrics

5612 N.W. 43rd Street • Gainesville, FL 32653-3332 • (352) 376-4542

Request For Release of Medical Records

Today's Date: _____

Patient: _____ DOB: _____

I authorize _____
to release my medical records, including (unless noted):

- Information about communicable diseases and infections, as defined by statute and Florida Department of Public Health rules (which include venereal disease "VD", tuberculosis "TB", hepatitis B, human immunodeficiency virus "HIV", acquired immunodeficiency syndrome "AIDS", and AIDS related complex, "ARC")
- Alcohol and drug abuse treatment information protected under the regulations in Code 42 code of Federal Regulations, part 2.
- Mental health treatment records, psychological services and social services information communications made by me to a social worker or psychologist.

I will pick up records when ready

Please fax to: **(352) 376-4959**

Please mail to:

Please Be Aware: A charge of \$1 per page (for the 1st 25 pages) will be charged for all medical record copies other than Summaries (Problem List, Prescription List, and Shot Record)

- Payment must be received before records will be copied

Name: _____

Relation to patient: _____

Signature: _____

Date: _____