Benton Pediatrics, Inc.
Board Certified Pediatrics
5612 N.W. 43rd Street • Gainesville, FL 32653-3332 • (352) 376-4542
Office Fax: (352) 376-4959

Request for Release of Health Information

Patient Name: ______________________________________ Date of Birth: _________________

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I am requesting that Benton Pediatrics (please check one):

__ **Release** health information **TO** the parent/physician/facility listed below.

__ **Obtain** health information **FROM** the parent/physician/facility listed below.

Parent/Physician/Facility: ____

Address: ____________________________ City/State/Zip: ___________________________

Phone # ____________________ Fax # _____________________

Please: __ mail records __ fax records __ call me to pick up records

Please release the following information:

__ Chart Summary (Problem List, Prescription List, and Shot Record)

__ All Records*

__ Other* (Please specify: ____)

***Please Be Aware:** Benton Pediatrics charges a copy fee of $1.00 per page for the first 25 pages, and $0.25 for each additional page for all medical records other than Chart Summaries. **Payment must be received** before records will be copied.

I am aware these records may include:

- Information about communicable diseases and infections as defined by statute and Florida Dept of Public Health rules, including sexually transmitted diseases, human immunodeficiency virus (HIV), & acquired immunodeficiency syndrome (AIDS).
- Alcohol and drug abuse treatment information.
- Mental & behavioral health treatment services, and social services information communications made by me to a social worker or psychologist.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Name: ________________________________ Relation to patient: __________________

Signature: ____ Date: __________________

Phone # _______________________________