CHILDREN'S CLINIC OF PENSACOLA, P.A.

2950 Langley Ave Unit A
Pensacola FL 32504
(850) 477-5475

MEDICAL RECORDS TRANSFER REQUEST

Patient Name: ________________________ Date of Birth: ________________ Telephone: _________________

I authorize the following organization to release information as detailed below from the patient health information record:

Information to be Released From:	Information to be Released To:
	Children's Clinic of Pensacola, P.A. 2950 Langley Ave Unit A Pensacola FL 32504 Fax No: (850) 477-8186

For most ***Healthy*** children, we will not require the complete medical record from your previous health care provider. We suggest initially:

Limited transfer of Medical Records to include the following information:

- Problem List, Medication List, Allergies
- Chart Notes for past ***12 months***
- Vaccination record, Growth charts
- Outside Notes/Correspondence
- Laboratory & Radiology Reports

If your ***Child has more Complex Medical Problems***, please check box, to request for his or her ***complete*** medical record.

❒ ***Complete*** Medical Record

We will review your child's outside medical record.

My signature below indicates my consent to authorize any physician, nurse, other health professional or an authorized representative to release any/all medical information and/or records that may be requested regarding patient health information.

_________(Initial) I authorize the release of psychiatric/psychotherapy records, mental health records and drug/alcohol treatment records under the same conditions.

My signature below authorizes Children's Clinic of Pensacola, PA, or an authorized representative, to receive photocopies of all medical records, charts, notes and other information relating to the general physical condition of the patient listed above. I authorize release of this information to the above location for the purpose of continued medical care; and I allow them, or any physicians appointed by them, to examine this information. I understand that this consent is subject to revocation at any time by notification in writing, except to the extent the Children's Clinic of Pensacola PC has already acted in reliance of this release.

Signature	Date	Relationship to Patient

Prohibition of Re-disclosure. The information is being disclosed to you from records whose confidentiality is protected by state laws, specifically Florida Statutes 395.3025, 455.667 and 394.459. State Laws prohibit you from any further disclosure of this date without the specific written consent of the person to whom it pertains, or as otherwise permitted by Florida state statutes and regulations. A general authorization is not sufficient for this purpose.