

Lifeguard Pediatrics, P.C.
Kevin K. Niebaum, DO
107 Peacock Dr
Warner Robins, Ga 31088
Office 478-922-3074, Fax 478-922-3076

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

I AUTHORIZE RELEASE OF MY CHILD'S PROTECTED HEALTH INFORMATION/MEDICAL RECORDS TO BE FORWARDED TO:

Lifeguard Pediatrics, P.C.

Kevin K. Niebaum, DO

107 Peacock Dr.

Warner Robins, Ga 31088

From Previous Provider:

Name: _____

Complete Address: _____

Phone: _____

Fax: _____

Please include records of the following:

- _____ Complete Medical Records
- _____ Most Recent Well Examination
- _____ X-Ray/Laboratory Reports
- _____ HIV Testing Results (*)
- _____ Mental Health (**)
- _____ Consultations and Hospital Records
- _____ Other: _____

I understand that I have the right to request a copy of this request.

I understand that treatment, payment, will not be withheld if I decide not to sign this request
I can revoke this request if I choose. I would like for this request to be effective until _____ (date).

Signature of Patient's Parent or Legal Representative

Date

DISCLAIMER: I understand that information released as a result of this request may no longer be protected by Federal privacy standards and may be re-disclosed without my further consent.

*These records may be released to meet guidelines for reporting to authorities without consent

** If deemed necessary by releasing authority, these records may need an additional release signed & forwarded.