

Lifeguard Pediatrics, P.C.
Kevin K. Niebaum, DO
107 Peacock Drive
Warner Robins, Georgia 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

New Provider:

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 and forwarded.