



# 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.

Please mail to:  
ready

I will pick up records when

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Be Aware:** A charge of \$1 per page (for the 1<sup>st</sup> 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: \_\_\_\_\_