Wee Care Pediatrics
Exceptional People Providing Exceptional Care

OVER THE RAINBOW
PEDIATRIC URGENT CARE & WELLNESS

Authorization to Release and Disclose Protected Health Information

Patient Name: _____ DOB: _____

I hereby authorize the release and discloser of the specified information described below.

Check the information to be disclosed:

____ Complete Medical Record
____ Immunization Record
____ Labs or X-ray's
____ Other: _____

(Genetic testing or other "sensitive" matter will not be included unless specifically authorized by parent or legal guardian NRS.629.171)

Reason for Request:

____ Provider Request
____ Transfer of Medical Care
____ Parental/Personal Request
____ Other: _____

****MEDICAL RECORDS FAX (702) 933-4282 ****

RECORDS MORE THAN 20 PAGES MUST BE SENT ON DISK IN B&W - PDF FORMAT

Transfer Records To/From: Wee Care Pediatrics
Address: 4785 S. Durango Drive Ste #101 **City**: Las Vegas **State**: NV **Zip**: 89147
Phone: (702) 889 - 8444 **Fax**: (702) 933 - 4282

Transfer Records To/From:
_____

Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Fax: _____

I understand: that once the Protected Health Information (PHI) is disclosed, it may no longer be protected by federal privacy law if received by a non-health care facility; I have the right to receive a copy of this authorization and any records obtained with its use; I have the right to request and inspect my medical records or obtain copies of my health records by contacting the Privacy Officer at any time; Wee Care Pediatrics requires a release form each time records are requested to avoid any overuse or unauthorized request to my child's medical records

*** PLEASE SEND COPY OF PICTURE ID TO VERIFY PARENT REQUESTS***

_____/_____
Signature of Parent or Legal Guardian Date

_____/_____
Printed Name Relationship to Patient

THERE WILL BE A CHARGE OF $0.60 PER PAGE FOR PRINTING MEDICAL RECORDS (NRS.629.061) RECORDS OVER 20 PAGES WILL BE SUPPLIED ON DISK IN PDF FORMAT- FEE $12.00. $3.00 CHARGE FOR REPRINT OF SHOT RECORDS.
PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING OF FULL OR PARTIAL RECORDS.