The Arc Gateway
3932 N. 10th Avenue
Pensacola, FL 32503

Pearl Nelson Child Development Center
T 850 434-7755
F 850 469-0858
www.arc-gateway.org

Achieve with us.

AUTHORIZATION FOR REQUEST OF MEDICAL RECORDS AND DISCLOSURE OF PROTECTED HEALTH INFORMATION TO THIRD PARTIES

PATIENT NAME: ______________________________________ DOB:_______________________
Address: ____
____

A) I authorize PNC to RELEASE my child's medical records to:
Name: ____
Address: ____
State & Zip: ____
Phone: ____________________________ Fax: ______________________________________

B) I authorize PNC to OBTAIN my child's medical records from:
Name: ____
Address: ____
State & Zip: ____
Phone: ____________________________ Fax: _____________________________________

Please check information that may be released. (Please note that only records that have been ordered by our office will be released.)
_____ All records (includes Developmental Instruction, PT, ST and OT Evaluations, Plans of Care and Office Notes)
_____ Evaluations _____ Plans of Care _____ Office Notes

These records are to be:
____ Picked up – Please sign for receipt of records: ____
____ Mailed to: ____
____ Faxed to: ____
____ Emailed to: ____
(I acknowledge that I am aware that the email provider is not considered a HIPAA approved secure email provider.)

I hereby authorize this practice to release my medical records, including, but not limited to all of the above. By signing this consent, I completely release the entity, facility, or medical practitioner from any and all liability which may result or could

The Arc Gateway
3932 N. 10th Avenue
Pensacola, FL 32503

Pearl Nelson Child Development Center
T 850 434-7755
F 850 469-0858
www.arc-gateway.org

Achieve with us.

result from the release of such information. I also understand this authorization is only valid for 12 months. However, I reserve the right to revoke this authorization at any time.

SIGNED: ____ DATE: ______________________

____
Printed Name (Parent/ Guardian)

____
Street Address City, State, Zip Code

____
contact number

WITNESS: ______________________________________ DATE: ______________________________

____
Printed Name

Opening doors for children and adults with intellectual and developmental disabilities since 1954.