

PEDIATRIC PARTNERS OF HAMPTON ROADS, PC

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

VERNITA PEEPLES, MD

656 INDEPENDENCE PKWY, SUITE 200

CHESAPEAKE, VA 23320

PH (757) 410-3630 / FAX (757) 410-3631

PATIENT NAME: _____ DATE OF BIRTH _____

PHYSICIAN NAME _____

ADDRESS _____

PHONE /FAX # _____

REASON RECORDS ARE TO BE DISCLOSED: CONTINUED CARE PERSONAL USE

To Disclose/Transfer the Following Information:

____ All Records

____ Immunization/Vaccine Records (____ please fax to 410-3631 ASAP)

____ Other (Specify) _____

PARENT/ GUARDIAN SIGNATURE: _____

DATE: _____

CONFIDENTIAL INFORMATION

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