

Associates In Pediatric Care, PC

Paul Walker, M.D., Psy. D

Linda Leedie, M.D.

Paul Walker, Jr. Ph.D., LCP

Alexandra Worthington, CPNP

Macy Stapleton, PPCNP-BC

Renee Scott-Walker, PA-C

Daranee Prakalapakorn, M.D., Emeritus

website: associatesinpediatriccare.com

Authorization to Disclose Health Information and Release Records

1. Patient's Name _____ D.O.B. _____
Last First M.I. MM/DD/YR

Patient's Address _____
Street Address City, State, Zip Code

2. Information Released From: _____
Name of Health Care Provider

Address City, State, Zip Code

Office Phone # Office Fax #

3. Information Released To: **Associates In Pediatric Care, PC**
2101 Executive Drive, Suite 610
Hampton, Virginia 23666

4. Reason Records are to be Disclosed: Check one Continued Care _____ Personal Use

5. Purpose of Disclosure:

_____ Immunization Only

_____ All Records

_____ Other (Specify)

6. I hereby authorize disclosure of the health information for the above named individual.

7. Parent/Guardian _____
Signature Print Name

Date

The information contained in this facsimile may contain personal and/or privileged information and should be treated as "FOR OFFICIAL USE ONLY."

930 Majestic Avenue, Suite 200
Norfolk, Virginia 23504
Office - (757) 627-5705
Fax - (757) 640-0954

2101 Executive Drive, Suite 610
Hampton, Virginia 23666
Office - (757) 838-8166
Fax - (757) 838-8233