Island Coast Pediatrics

Request for Shared Limitations and /or Restrictions of Protected Information

(Form requires signatures from both parents)

Patient Name:___________________________________Date of Birth:___________

Address:_____________________________Suite/Box:________City______________

State_____Zip Code_____________Phone:________________Alt#_________________

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1. We are requesting that communication NOT be sent, given or received by any of the following methods:

[ ] Phone Calls or Answering Machines
[ ] Faxes
[ ] E-Mails
[ ] Post Cards

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2. We are giving permission to:__________________________________, (please check relationship)

_____Grandparent, _____Babysitter, _____ Friend, _____Other Relative _____Mediator

Other-specify:____

to bring our child to Island Coast Pediatrics for treatment in our absence. We are also giving permission for confidential health information to be disclosed to them as necessary, if either of us are unable to be contacted. Their

telephone number is:_____________________________.

Note: Pursuant to Florida law, restriction of records to either parent may not be requested without proof of court orders stating that said parent is restricted from having such information. This form is not to be used for this type of restriction. If you have questions please contact the practices' Privacy Officer.

3. The main contact for our child's appointments, prescriptions, phone calls, etc is :__________________

their phone number is:_______________________H/W Cell:__________________________________

Description of the information to be used or disclosed *(check all that apply)*:

This is *not* a release of information form. Information will be used or disclosed per above instructions.

[ ] The entire medical record.

[ ] Other/Specific Information:____

________________________Date_________ _________________________Date________

Mother's Signature Father's Signature

FOR OFFICE USE ONLY

[ ] Obtained from website

[ ] Form and **ALERT added to patient record** by:__________________ on________

Revised: 03/11/05