



Island Coast Pediatrics

Phone: (239) 768-2111 FAX: (239) 482-4404

Request for Parent or Guardian to receive Copies and/or Inspect Records

PEDIATRICS

I understand and agree that I am financially responsible for copies that I receive. The cost is \$1.00 per page for the first 25 pages and 25 cents per page thereafter. (First Requests are given at no charge.) The records release process may take up to one week. I understand that if I wish to inspect the records, that I must do so at Island Coast's Pediatrics' Central Business Office at 16450 S Tamiami Trail, Unit 8, Ft. Myers, FL, 33908. I understand and agree that a representative of Island Coast Pediatrics will be present during such an inspection. If requesting inspection of records, I have been informed that I will be contacted by Island Coast Pediatrics for an appointment at the Central Business Office.

Name of Patient: _____ **Date of Birth:** _____

Reason for request:

Personal Use _____ **Specialist** _____ **Transferring to new physician** _____ (Give Reason)

Reason for Transfer: _____

- Blue & Yellow Forms for School or Daycare-Form required only if being *mailed*)
- Entire Record-For patients transferring out to new provider-cannot be faxed.
- Medical Portion Only/**Date of Service:** _____
- Financial Portion Only/**Date of Service:** _____
- Other/Specific Information/**Date of Service:** _____

How I will receive:

- I will pick up the records at _____ office.
- I would like them mailed to the address below.
- I would like them faxed to this SECURE Fax #: _____ Contact: _____
If faxing, give contact's relationship to patient: _____

I am requesting a date/time to inspect the records.-You will be notified of date/time.

Printed Name of Requesting Party _____

Signature of Patient or Legal Guardian

Date

Name

Home Tel: _____

Street & #

Work Tel: _____

City, State & Zip

Office Use Only:

- Obtained from website
- Actual **Copies sent** by: _____ on _____
- Request **added to patient record** by: _____ on _____
- Inspection** date/time of _____/_____ communicated to patient by: _____
- Actual inspection was escorted by: _____ on _____