



Isidro A. Lopez, M.D., FAAP

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CONFIDENTIAL

Patient's request and authorization to disclose Medical Records

I (Parent Name or Legal Guardian Name) _____ request and authorized Healthy Children to obtain my child's medical record from (write the facility or Provider Name) _____ according to HIPAA Privacy rules.

(Solicito y autorizo a Healthy Children y al Proveedor arriba indicado a obtener copia de la información protegida de salud de mi hijo(a) según la Ley de Privacidad HIPAA).

1. Choose the Office you receive services (*escoja la oficina donde recibe servicios*):

Circle: **Miami (Dr. Lopez)** or **Homestead (Dr. Alfonzo)**

2. Which Provider or Facility has the medical records? _____

3. Provider Telephone: _____ Provider Fax Number: _____

Patient name: _____ Date of Birth (DOB): _____

Parent (legal guardian) Name: _____

Parent (legal guardian) Signature: _____

Parent (legal guardian) Phone: _____

Date: _____

Continue on next page

Check ALL THAT APPLIES (marque las que APLIQUE):

- All Immunization records, including delivery immunizations given at birth.
- Medical History and Problem List
- ALL MEDICAL RECORDS pertaining to any medical, including mental or physical condition and treatment received.
- Most recent Well Child Check up
- ER Visit on _____ MR: _____
- Other Medical Record(specify)_____
- Date of Service(s): _____

Specify to which office the records should be sent (specify): **(Office Use Only)**

- Miami Patient** please Fax Number (305) 549-6006 or, if unable to fax, please E-mail to: at: **miaconfidential@healthychildrenfl.com** for the 1495 NW 20th ST. Miami, FL 33142
- Homestead Patient** please Fax Number (305)246-1285 or if unable to fax, please E-mail to: **homconfidential@healthychildrenfl.com** for the 2830 NE 8th ST, Homestead, FL 33033

Date of Request: _____ Due Date: _____

Healthy Children Fax No: _____

Provider Fax No: _____

Number of Fax pages: _____

Disclaimer: The Information Disclosed to Healthy Children will only be use for healthcare Operations, Payment and Treatment (45 CFR 164.501) which is broadly defined as coordination, or management of health care and related services by one or more providers, including the coordination or management of health care by a provider with a third party; consultation between providers relating to a patient; or the referral of a patient for care from one provider to another.

“La información recibida por Healthy Children solo será utilizada para operaciones de salud, pago, y tratamiento médico (sección 45 CFR 164.501) la cual define a grandes rasgos la coordinación, manejo del cuidado de la salud y servicios relacionados con proveedores, incluyendo la coordinación o manejo de salud por un proveedor con una entidad terciaria; consultas entre proveedores relacionado al paciente; o referido de pacientes para el cuidado de salud entre un proveedor a otro.”

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