



## Chesterfield Pediatrics, P.C.

5955 Harbour Park Dr.  
Midlothian, VA 23112  
Ph: (804) 744-4495  
Fax: (804) 744-0751

### Permission to Discuss Protected Health Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby give my permission to the person(s) listed below to receive information about the care of the above named patient:

NAME:

RELATIONSHIP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

\_\_\_\_\_ Initial here if you do not wish to release your protected health information to anyone. (Please note that if someone other than parent/guardian brings in the child for treatment and they are not listed above we will limited in what we can talk to that person about)

This authorization permits Chesterfield Pediatrics PC to use and/or disclose the above patient's medical information as needed for relevant circumstances and/or treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_