GAINESVILLE PEDIATRIC ASSOCIATES, INC.

6440 W. NEWBERRY ROAD • SUITE 402
GAINESVILLE, FLORIDA 32605-4376
TELEPHONE (352) 333-5500

MICHAEL D. WYATT, M.D.
CATHERINE G. BOON, M.D.

STEPHEN S. BEEBE, M.D.

MARY C. GROOMS, M.D.
PHALYKA OUM, M.D.

PARENTAL RELEASE (IF PATIENT IS A MINOR)

I, _____(legal guardian's name), hereby authorize Gainesville Pediatric Associates, Inc. and its physicians to release any or all patient health information including confidential information regarding my child to the person(s) listed below (Example: A relative or someone other than a legal guardian may accompany your child on a future appointment).

SIGNATURE_____DATE__/__/__

Name_____Relationship to patient_____

Name_____Relationship to patient_____

Name_____Relationship to patient_____

PATIENT RELEASE (18 YEARS OR OLDER)
PATIENT CELL PHONE:_____

I,_____(patients name), hereby authorize Gainesville Pediatric Associates and its physicians to release any or all of my patient health information including confidential information to the person(s) listed below. (Example: A parent or relative may be involved in medication, billing, and insurance inquiries.

SIGNATURE_____DATE__/__/__

Name_____Relationship to patient_____

Name_____Relationship to patient_____

Name_____Relationship to patient_____