

# PRESTON CENTRE PEDIATRICS

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Diplomates of the American Board of Pediatrics

Medical records maintained by a physician are confidential. They may not be disclosed to anyone without written consent from the patient or other person legally authorized to act on the patient's behalf. The Medical Act of Texas requires that the physician release copies of a patient's medical records (or narrative summary) when and only if the physician receives written consent. This Act also allows physicians to charge a reasonable fee for furnishing information from medical records after receiving appropriate release. Our fee is \$25 for the first 20 pages and 15 cents per page for every page thereafter. This fee may be required each time we receive a request to furnish information. We may, at our discretion, waive this fee.

## The written and signed consent must specify the following:

(Please check all that apply)

### Information covered by the release:

- Whole Chart                       Shot Record                       Other \_\_\_\_\_

### Reason or Purpose for the Release

- Consult other MD                       Request by insurance company
- Change MD (I understand this will sever my doctor / patient relationship with the physicians in the office)

### Person and E-mail address to whom the information is to be released:

\_\_\_\_\_  
\_\_\_\_\_ @ \_\_\_\_\_

### If E-mail is not preferred, the address to where the information is to be released:

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

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_  
(I am the parent and / or legal guardian and am authorized to make the request)

Relationship to Patient \_\_\_\_\_

Today's Date \_\_\_\_\_