Nassau Bay Pediatrics, P.A.
150 E. Medical Center Blvd, Suite C
Webster, Texas 77598
281-212-2400
Annette B. Ingraham, MD
Rajamma E. Kalia, MD
Marissa S. Perona, MD

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

This authorization to release information is being requested of you to comply with the terms of the Health Insurance Portability and Accountability Act of 1996.

Patient's Name: _____ Birthdate: _____

Patient's Name: _____ Birthdate: _____

Patient's Name: _____ Birthdate: _____

I hereby authorize: Name/ Address/ and Contact Numbers

_____

_____

_____

Phone : _____ **Fax :** _____

To release information to:

NASSAU BAY PEDIATRICS, P.A.
ATTN: MEDICAL RECORDS
150 E. MEDICAL CENTER BLVD., SUITE C
WEBSTER, TEXAS 77598
FAX: 281-212-2499

This release limits disclosure to: (Check One) ☐ All records ☐ Immunization record only

This information is required for: (Please Check One)
☐ Treatment
☐ Personal use
☐ Legal use
☐ Continuation of Care

Name of Parent/Guardian (or patient, if over age 18):_____

Signature_____ Contact #_____

Date: _____

Internal Use Only

Date mailed/faxed _____ Date received_____

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To release information to: Name/ Address/ Contact Numbers

_____

_____

_____

Phone:_____ **Fax:**_____

This release limits disclosure to: (Check One) ☐ All records ☐ Immunization record only
☐ Other _____
This information is required for: (Please Check One)
☐ Treatment
☐ Personal use
☐ Legal use
☐ Continuation of Care

Name of Parent/Guardian (or patient, if over age 18):_____

Signature_____ Contact #_____

Date: _____

Identity of requester: DL#:_____ Verified by: _____

Internal Use Only

Date mailed/faxed _____ Date received_____