

BENNETT PEDIATRICS, LLC

Phone: 352.404.7728

Fax: 352.404.7724

365 Citrus Tower Blvd Ste 104

Clermont, FL 34711-6532

www.BennettPediatrics.com



COMMUNICATION USE & DISCLOSURE AUTHORIZATION

Date: ____/____/____

Patient: _____
(PRINT NAME)

Parent/Guardian: _____
(PRINT NAME)

Date of Birth: ____/____/____

Patient #: _____

Address: _____

I hereby request the following regarding the use of my PERSONAL HEALTH INFORMATION:

- Referral Information
- Prescription Refill Information
- Test Results
- Other _____

You may discuss information regarding my treatment and care with the following family members and/or friends:

You may contact me regarding my or my child's treatment and care at the following numbers:

Parent/Guardian Signature: _____

Date: ____/____/____

Staff Member: _____

Staff Signature: _____