



Jollyville Pediatrics

11851 Jollyville Rd. Ste 204
Austin, Texas 78759
Jollyvillepediatrics.com
Phone: 512.219.5550
Fax: 512.219.5551

Transfer in form

Authorization for Release & Disclosure of Protected Health Information

Indicate name of physician, hospital, medical center or lab that you are requesting records from:

To: _____ Phone: _____ Fax: _____

Address: _____ City _____ State _____ Zip _____

I am requesting that the medical information for patients (listed below) be transferred to:

Jollyville Pediatrics

Dr. Evelyn Spencer & Dr. Nitzia Cepeda
11851 Jollyville Rd. Ste 204
Austin, Texas 78759

Please release the following information:

- Problem List Progress Notes History & Physical Exam Lab Reports Medication
- X-ray reports Vaccine Records Specialist reports Other (Specify) _____

This information is necessary for continued patient care establishing with:

- Dr. Evelyn Spencer Dr. Nitzia Cepeda

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

I understand that the information in my child's health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol and drug abuse.

Signed: _____ Relationship: _____ Date: _____

Please do not fax records over 50 pages. Please mail records.