

Commonwealth Pediatrics 1780 Nicholasville Rd., Suite 301 Lexington, KY 40503 Phone: (859) 277-6636

Fax: (859) 277-1455

## Consent to Medical Records/ Privacy 18 YEAR & OLDER

I,authorizing, requesting and recemedical care.	, DOB// authorize the following to act on my being any medical information deemed necessary for continuation	ehalf in n of my
Name:	Relationship:	
Name:	Relationship:	
	Relationship:	
information. Medical records are are accessed for only purposes authorize Commonwealth Pedia payment, or healthcare operation	e are committed to protecting the security and privacy of your pathe property of Commonwealth Pediatrics, kept in a secure location outlined by the Notice of Privacy Practices. By signing belowics to use or disclose your protected health information for tree. Patients are entitled to one free copy of their medical records or led. Additional copies may be requested for a reasonable cost base	ion, and ow, you eatment, nly after
	eived Commonwealth Pediatrics' Notice of Privacy Practic understand that I have the right to revoke this consent, in	
Patient Signature	 Date	
Printed Name		