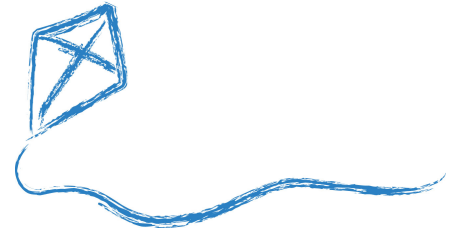


Village Pointe Pediatrics, P.C.
18018 Burke Street
Elkhorn, NE 68022
(402) 573-7337
Fax (402) 614-2314

Dundee Pediatrics
5018 Underwood Ave, Ste 200
Omaha, NE 68132
(402) 991-5678
Fax (402) 991-5358



1. Patient Name: _____

Birth Date: _____

Address: _____

Telephone: _____

2. I hereby authorize and request records to be released:

_____ to or _____ from (facility)

_____ to or _____ from (facility)

_____ Village Pointe Pediatrics PC

(Previous/Present Pediatrician, Specialist, Hospital etc.)

_____ Dundee Pediatrics

(Address)

(Phone and Fax #)

3. Date of information to be disclosed: From: ____/____/____ To: ____/____/____ or PRESENT
(Date of Birth)

4. Information to be disclosed:

___ Progress notes

___ Discharge Summary

___ Growth Chart

___ History and Physical Examinations

___ Vaccine/Immunization

___ Operative Report

___ Last well check up

___ Pathology Reports

___ Last 12 months of records

___ X ray Reports

___ Laboratory Results

___ EKG/EEG

___ Emergency Room

___ Urgent Care Records

5. Purpose of the release: ___ Continuing Medical Care ___ Personal Records ___ Attorney

___ Other reason: _____

6. This release of information expires in 6 months, however can be cancelled at any time.

I understand that I may revoke this authorization at any time by notifying the providing organization in writing. If I revoke the authorization, it will not have any effect on actions taken prior to receipt of the revocation.

I understand that the individual/institution that receives the information described above may not be covered by federal privacy regulations, and that the information may be re-disclosed publicly and no longer be protected by those regulations.

I am aware that all efforts will be made to expedite my request in a timely manner. According to State regulations I am aware that Village Pointe Pediatrics may take up to 30 working days to process this request.

(Signature of parent, guardian or legal authorized representative)

Date: ____/____/____

Relationship of above person to patient