



HEALTH-e PEDIATRICS

Authorization for Release of Healthcare Information

By signing below I authorize Health-e Pediatrics, Inc. to release all healthcare information related to my telemedicine visit with the primary care physician I provide to Health-e Pediatrics. I also agree to releasing my healthcare information to dental offices or other medical specialists if necessary and discussed in the visit with my Health-e Pediatrics doctor.

I understand and agree that I may revoke this authorization or limit the type of healthcare information released by Health-e Pediatrics, Inc. (other than as required by law) if I contact Health-e Pediatrics, Inc. in a writing sent to 1865 Herndon Ave., Suite K616, Clovis, CA 93611 and notify them of the change with applicable date for such change in authorization to be implemented.

CHILDREN MAKE LIFE BEAUTIFUL.

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