2828 Bayboro St Loris, SC 29569
#(843)716-2229 Fax(843)716-2483

170 Surfrider Blvd Longs, SC 29568
#(843)390-2229 Fax(843)390-2483

SEASHORE PEDIATRICS

3650 Express Dr. Shallotte, NC 28470
#(910)754-2229 Fax(910)754-2217

1517 N Howe St. Southport, NC 28461
#(910)454-8877 Fax(910)454-8882

PATIENT NAME:_____ DATE OF BIRTH:_____

I authorize **Seashore Pediatrics** to:

_X_ Receive the following protected health information from:

Name of Facility/Physician:_____

Address:_____

Phone #:_____ Fax #:_____

_X_ Disclose the following health information to:

Name of Facility/Physician:_____

Address:_____

Phone #:_____ Fax #:_____

Describe the information to be received or disclosed:_____ALL MEDICAL RECORDS AND_____

__SHOT RECORD_____

This authorization shall be in force and effective until one year from the signed date below. I understand that I have the right to revoke this information in writing at any time by sending such written notification to the privacy officer at Seashore Pediatrics. Seashore Pediatrics will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

_____ _____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN | RELATIONSHIP TO PATIENT | DATE

_____ _____

SIGNATURE OF STAFF | DATE