



The Medical Profession, LLC
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CONSENT FOR RELEASE OF PRIVACY INFORMATION

From time to time, parents and other legal guardians of many of our patients request that we release information that is protected by federal HIPAA laws regarding their children to entities and/or facilities with whom the parents have an arrangement for the care of their children. These entities and/or facilities may include but are not limited to daycares, preschools, public schools and private sector schools. There are various reasons for sharing this information that include but are not limited to medication dosages, permission to give medications, physical forms and vaccine records. Often, when the requests are made, the parents are not necessarily present in our office. In order to streamline the process of sharing private information without inconveniencing patients or parents, we have designed a special consent form.

To create an added layer of protection for our patients, as well as our staff, and to efficiently provide private information via FAX to entities that the parent designates either in writing or verbally, please sign this form. If no expiry date is indicated, expiration will occur upon the patient's 18th birthday or when any patient leaves the practice for any other reason.

I give my permission to the staff of Robin S. White, M.D. Pediatrics, aka The Medical Profession, LLC to transmit via FAX protected information regarding my child/children to any facility I designate. I will also provide the FAX number required for the transmission.

Children with DOB:

Legal Guardian

Date of Signature

Expiry Date

