SURFSIDE PEDIATRICS
Dr. Kevin G. White M.D.
2601 E Main St, Ste 200
Ventura, CA 93003
Phone (805) 643-7500 Fax (805) 643-7510

AUTHORIZATION FOR RELEASE OF INFORMATION
Peer to Peer Contact

I hereby authorize:

Surfside Pediatrics
Dr. Kevin White, Dr. Stacey Lowen, Julie Schreiner NP, Erin Baird NP
2601 E Main St Ste 200
Ventura, CA 93003
Phone (805) 643-7500, Fax (805) 643-7510

To Exchange information with:

_____
_____
_____
Phone Fax

☐ Psychological assessment
☐ Diagnosis and treatment

All information regarding myself or my child (if patient is a minor) that is released to Surfside Pediatrics will be kept confidential and used only to help with diagnostic evaluation and treatment. This consent is subject to revocation by the undersigned at any time.

Patient's name _____ Date of birth _____ ☐ M ☐ F

Parent's Name _____

Signature _____ (Patient's, or parent's is patient is a minor)

Relationship to minor ☐ mother ☐ father ☐ legal guardian _____

Date _____