

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (Medical Release Form)

I, _____, authorize the disclosure of my child/children's protected health information (medical records) as described herein.

Childs Name: _____ Birth Date: _____

I understand that this authorization is voluntary and made to confirm my direction. I understand that, if the person(s) or organization(s) that I authorize to receive my child/children's protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

PLEASE COMPLETE ENTIRE FORM

1. I authorize the following person(s) and/or organization(s) to **disclose** my child/children's protected health information (as specified below):

Name(s): _____
Organization(s): _____
Address: _____
Phone/Fax Number: _____

2. I authorize the following person(s) and/or organization(s) to **receive** my child/children's protected health information (as specified below):

Mountain View Pediatrics
77 W. Forest, Suite 304
Flagstaff, AZ 86001
Phone:(928)214-3600
Fax:(928)214-3601

3. Specific description of the protected health information that I authorize for disclosure (authorization to disclose psychotherapy notes must be separate):

Circle or Write in what you are requesting:
Complete chart notes/Including Immunizations
Only Immunization Records
Ect: _____

I understand that I may revoke this authorization at any time by sending a letter to the person or organization listed in paragraph one, except to the extent that the person(s) and/or organization(s) named above have taken action in reliance on this authorization. If I do not sign this form or if I later revoke my authorization, the services provided to me by the person or organization listed in paragraph one will not be affected in any way.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

Signed _____ Date _____
(Parent or Guardian)
Name: _____ Address: _____
Telephone: _____ Relationship: _____