Pediatric Associates
200 South Enota Drive
Suite 150
Gainesville, Ga. 30501
(770)534-5255 or fax (770)287-3871

AUTHORIZATION/CONSENT FOR USE OR DISCLOSURE OF PROTECTED HEALTH INSURANCE.

Patient Name: _____ Date of Birth: _____

Patient Address: _____ Apt. _____

_____

By signing below, I hereby authorize Pediatric Associates to use or disclose information about my child(ren) (or another person for whom I have the authority to sign) that is protected under federal law, for the sole purpose and time period described below. You may refuse to sign this authorization. Subject to certain exception, you have the right to inspect and coy the protected health information.

PLEASE RELEASE:
_____ Entire Medical Record
_____ Records from _____ to _____
Date Date
_____ Immunization Record Only
_____ Hearing and Vision Record
_____ Other (specify) _____

RELEASE RECORD TO:
_____ Parent (s)
_____ Physician's Office
_____ Insurance Company

_____ Other (specify) _____

Records are to be mailed to the following:

Name: _____

Address: _____

Phone #: _____

Fax #: _____

REASON FOR REQUEST:
_____ Moving _____ Insurance Purposes
_____ Changing Physicians
_____ Requested by Court _____ Referral
_____ Daycare
_____ School _____ Preschool

_____ Other (specify) _____

This information about your children is protected under federal law, and you have the right to revoke this authorization in writing. Please be advised, however that any revocation will be effective only to the extent we have not already taken action in reliance on your authorization. By signing below, you recognize that the protected health information used or disclose pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law. We will not condition treatment based on your authorization. You may refuse to sign the authorization. You may refuse to sign the authorization.

_____ _____
Authorized Signature of Parent/Guardian Date

BELOW OFFICE USE ONLY

Date Mailed: _____ Date Faxed: _____

Date Picked-Up: _____ *Date Revised: April 19, 2007*