MEDICAL RELEASE/AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

Patient's Name: ______________________________ **Date of Birth:** ____________
Address: ______________________________
City/State/Zip: ______________________________
Patient's Phone #: ______________________________

☐ I authorize North Sound Pediatrics to release/obtain information:
☐ To ***OR*** ☐ From:

____
Name of Provider/Facility/Individual

____
Address

____
City/State/Zip

____
Phone # / Fax #

TYPE OF RECORDS REQUESTED:

☐ All Medical Records ☐ Immunization Records ☐ Billing Records
☐ Records related to a specific illness or injury: ______________________________
☐ Records for the following date(s): ______________________________
☐ Other: ______________________________

PURPOSE FOR THIS REQUEST:

☐ Transfer of care ☐ Healthcare collaboration ☐ School ☐ Legal ☐ Personal ☐ Other: ____________

I UNDERSTAND THAT:

- My right to healthcare treatment is not conditioned on this authorization.
- Authorizing the disclosure of this healthcare information is voluntary.
- I may cancel this authorization ay any time by submitting a written request to North Sound Pediatrics.
- Once the information has been released according to the terms of this authorization, the information cannot be recalled.
- Any disclosure of information carries with it the potential for further distribution by the recipient that may not be protected by confidentiality laws.
- There may be a charge for the requested records.
- This authorization will expire one year from the date of signing, unless revoked.

______________________________ ______________________________
Printed Name of Person Completing Form **Relationship to Patient**

______________________________ ______________________________
Signature of Person Completing Form **Date**

Disclaimer: This document and the information in it does not constitute legal advice. It is also not a substitute for legal or other professional advice. Users should consult their own legal counsel for advice regarding the application of the law and this document as it applies to the HIPAA regulations.

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