

I understand that authorizing the disclosure of HIV records and information could have adverse consequences, including the loss or denial of employment, health insurance benefits, life insurance benefits, and other forms of discriminatory treatment, whether lawful or unlawful. I intend this authorization to include the disclosure of records and information the disclosing facility or provider has received from other healthcare providers or facilities. I authorize that subsequent disclosures of information within the scope of this authorization may be made pursuant to this same authorization.

This authorization shall expire one (1) year from the date of my signature below, unless earlier revoked by me or I enter an earlier expiration date or event here: _____

By signing below, I acknowledge that I have read this authorization and understand that:

- *I may refuse to authorize the disclosure of the above healthcare information but that my refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits or other insurance, or other adverse consequences.*
- *I may revoke this authorization at any time, either orally or in writing, by notifying **Charles Towne Pediatrics** in the manner described in Charles Towne Pediatrics Notice of Privacy Practices (except to the extent that any person has already acted in reliance on it), but that my revocation may be the basis for the denial of health or other insurance coverage or benefits.*
- *Charles Towne Pediatrics will not condition services or treatment on whether I sign this authorization.*
- *There is the potential that information disclosed pursuant to this authorization may be redisclosed by persons or entities receiving the information and that, as a result, the information may no longer be protected.*
- *I have the right to a copy of this signed authorization.*

*Signature of Patient or Patient's Authorized Representative**

Date

OFFICE USE ONLY:

Medical Records Completed by: _____ **Date:** _____

LIBERTY DOCTORS
ASSURING HEALTHCARE FREEDOM
DBA

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