

MEDICAL RELEASE/AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION
North Sound Pediatrics

Patient's Name: _____	Date of Birth: _____
Address: _____	
Phone #: _____	

AUTHORIZATION:

I authorize North Sound Pediatrics to release or obtain protected health information of the above-named patient.

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:

- Personal Transfer of Care School Legal Other: _____

HOW SHOULD NORTH SOUND PEDIATRICS HANDLE THIS REQUEST?

- | | |
|---|--|
| <input type="checkbox"/> Please give patient's records to me in person | <input type="checkbox"/> Please mail patient's records to me at the address above |
| <input type="checkbox"/> Please request patient's records from the following: | <input type="checkbox"/> Please send patient's records to the following: |

Name of Provider/Facility/Individual

Address

City/State/Zip

Phone # / Fax #

Name of Provider/Facility/Individual

Address

City/State/Zip

Phone # / Fax #

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 at 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.