This completed form authorizes a third party to disclose a patient's protected health information to ALICE PEDIATRIC CLINIC.

Alice Pediatric Clinic
Children's Healthcare

Authorization for Disclosure of Protected Health Information

Patient Contact Information

Name of Patient _____ Date of Birth _____

Address (City, State, ZIP) _____ Phone _____

_____

Dates of Service _____

Reports to be Disclosed

Please indicate those reports that you would like to be disclosed.

History and Physical Exam _____
Consultation Reports _____
Progress Notes _____
Radiology Reports _____
Laboratory Reports _____
Pathology Reports _____
Immunization Record

Growth Chart _____
Operative Reports _____
Billing Claims Forms _____
Itemized Statement of Charges _____
All Information _____
Other _____
_____

Records Released From

Name _____ Phone _____

Mailing Address _____ Fax _____

City, State, ZIP _____

Records Released To

Name _____ Phone _____

Mailing Address _____ Fax _____

City, State, ZIP _____

Reason for record release _____

_____

Authorization

I authorize the third party named in the above section to disclose the protected health information about myself (or the patient) as described above. I understand:

- This authorization expires 180 days from the date of my signature unless I specify otherwise.
  Expiration _____
- I may revoke this authorization at any time by notifying ALICE PEDIATRIC CLINIC in writing. If I revoke the authorization, I understand that it will have no affect on actions ALICE PEDIATRIC CLINIC took in good faith before receiving the revocation.
- The information released may contain information related to AIDS or HIV infection; drug or alcohol abuse; mental or behavioral health or psychiatric care, except for psychotherapy notes.
- ALICE PEDIATRIC CLINIC may not condition treatment or payment on my completion of this form.
- ALICE PEDIATRIC CLINIC reserves the right to verify my identity or guardianship.

Signature _____ Date _____

Printed Name _____

Relationship to Patient _____

Thank you for choosing ALICE PEDIATRIC CLINIC

September 2013

305 East Third Street Alice, TX 78332