Drs. Black & Benton Pediatrics, P.S.C.

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PATIENT AUTHORIZATION FOR DISCLOSURE/USE OF HEALTH CARE INFORMATION

Patient Name: _____ **Date of Birth:** _____
Address: _____ **Social Security#:** _____
_____ **Phone #:** _____

☐ I authorize Drs. Black & Benton Pediatrics **to release information to:**

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone #/Fax # (include area code)

OR

☐ I authorize Drs. Black & Benton Pediatrics **to obtain information from:**

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone #/Fax # (include area code)

Description of Information for disclosure/use:

☐ Entire medical record ☐ Lab work ☐ Immunization record
☐ Progress notes ☐ Radiology results ☐ Other _____

Purpose of the use or disclosure/use:

☐ Personal use ☐ Moving ☐ Physician request
☐ Insurance ☐ Changing doctor ☐ Specialty consult (I.e. Allergist/ENT)
☐ Other _____

I understand the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by federal privacy regulations. I understand that I may revoke this authorization at any time by sending a written request to the Practice Administrator. However, the revocation will not have any effect on any uses or disclosures the practice may have made before the revocation was received. I understand that unless I revoke the authorization earlier, this authorization with automatically expire one year after the date this authorization is signed. I understand that I may refuse to sign this authorization and that the practice will not condition treatment on whether or not I sign this authorization. I understand that a copy of this authorization will be provided upon patient request.

I certify that I am : _____ the patient. _____ authorized representative.

Signature: _____ **Date:** _____

If signature is not that of patient: Name: _____
Address: _____
Phone #: _____
Relationship to Patient: _____

Witness Signature: _____ **Date:** _____

Important Notice