PRIORITY CARE PEDIATRICS

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

FOR OFFICE USE:

Received by: ________
Completed by: _______

This authorization permits use and/or disclosure of the following individually identifiable health information about me or my child:

Please Circle To or From	Priority Care Pediatrics, LLC 9405 N. Oak Trafficway Kansas City, MO 64155	(816) 412-2900 – Office (816) 412-2915 – Fax

These records should be released:

To *or* From: Office or Guardian: ____

Address: ____

City/State/Zip: ____

Phone & Fax: ____

Records to be released: □ Immunization Record □ Growth Chart □ Laboratory/X-ray reports
□ Complete Medical Records including immunization data and other physician reports
□ Consultant/Other Physician Reports □ Mental Health Information □ HIV/AIDS test results
□ Verbal Communication **Dates:** □ All □ ___ / ___ / ___ to ___ / ___ / ___

Authorization Expiration Date (1yr unless noted): ___ / ___ / ___

NOTE: Release is authorized ONLY for those items checked

The information released will be used for the following purpose:

□ At the patient/guardian's request □ Other: ______________________________________

I do not have to sign this authorization in order to receive treatment from Priority Care Pediatrics, LLC. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPPA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer at the address for Priority Care Pediatrics above.

____ _______________________________________

Signature of Patient or Legal Guardian Relationship to Patient

____ _______________________________________

Patient's Name Date of Birth

____ ___________________________

Print Name of Patient or Legal Guardian Signing Above Today's Date