

Medical Records Release Form

I authorize ABC Pediatrics to release confidential health information by distributing a copy of medical records, or a summary or narrative of the protected health information, to the person(s) or entity listed in this form.

Patient Name: _____ Date of Birth: _____
(Last Name, First Name, MI)

Release the following health information:

Medical Chart Immunization Record Chart & Record Other (describe)

Limit the release of information subject to this Release Form as follows:

None One Time Use Only Limit As Indicated

The reason(s) for this release of information:

Moving Out of Area Transferring Care Locally Other (describe)

This authorization shall be in force and effective until the following event and/or date: _____

Release the protected health information to the following person(s)/entity:

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
FAX: _____ Phone: _____

Disclosures

I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.

I understand that additional information about this Medical Release is available in the ABC Pediatrics Notice of Privacy Practices. I understand that I can obtain a copy of the Notice in paper form or can visit the website (www.abcpeds.org) to review it on the Internet.

I understand that information disclosed because of this authorization may be divulged by the recipient to others and as such may no longer be protected by federal HIPAA privacy regulations.

I understand that ABC Pediatrics will not condition my treatment and payment on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to revoke this authorization, in writing, at any time by sending a written notification to the person listed below. I understand that a revocation is not effective to the extent that ABC Pediatrics has relied on this authorization in its actions. Also, a revocation is not effective if this authorization was obtained as a condition of obtaining insurance coverage, as other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Clinic Manager
ABC Pediatrics
3004 South WS Young Drive
Killeen, Texas 76542

(254) 634-7337
(254) 634-2592 FAX

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Relationship or Authority of Personal Representative