

Authorization to Release Medical Records

Kids Choice Pediatrics
599 South Custer Rd. Allen TX, 75013
Phone (972) 359-7600 Fax: (972) 359-7601

Patient Name: _____ **Date of Birth:** _____

Name of Entity/ person from whom records are requested: **(Previous Doctor Information)**

_____ **Phone:** _____

_____ **Fax:** _____

By checking the spaces below, I specifically authorize for the following health information and/or medical records:

___ The entire medical record ___ Laboratory Reports only

___ Office chart notes only ___ Pathology Reports only

___ Hospital Records only ___ Electronic copy

Other: _____

Send my medical information to: Kids Choice Pediatrics 599 S Custer Rd. Allen TX, 75013

I understand that:

- *By signing this form, I am authorizing the use or disclosure of protected health information as indicated above.*
- *I may refuse to sign this authorization, which will not affect my treatment or payment for health care*
- *I may revoke to sign this authorization at any time before the information I have requested is released by providing written notice of revocation as specific in the Notice of privacy practices*
- *If the receiving party is not subject to medical records privacy laws, the information may be re-disclosed by the recipient and may no longer be protected by federal or state law. Kids Choice Pediatrics shall not be held liable for any consequences resulting from re-disclosure*
- *If the information to be released contains and information about HIV/AIDS an additional HIPAA release of medical information for will be requested*
- *Alcohol or substance abuse, mental health or psychiatry notes may have additional compliance requirements that must be met before the information can be released*
- *A copy of this form will be provided to me upon request*

Patient/ Representative signature

Date

If the patient listed above is a minor or is unable to sign and you are a parent, legal guardian, or personal representative signing on behalf of this patient, please sign above and complete the following:

Print Name

Relationship to patient