

AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION

SECTION A: I hereby authorize the disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

PATIENT NAME: _____ DATE OF BIRTH: ____ / ____ / ____

PATIENT NAME: _____ DATE OF BIRTH: ____ / ____ / ____

PATIENT NAME: _____ DATE OF BIRTH: ____ / ____ / ____

PLEASE SEND THE INFORMATION TO:

PRACTICE PROVIDING INFORMATION

Alabama Pediatrics

Name: _____

2815 Independence Drive

Address: _____

Birmingham, AL 35209

OR FAX TO: (205)879-6822

PHONE: _____

FAX: _____

Section B:

1. Please send the (Circle one): Entire Medical Record Last 3 years Last 5 years
2. Other limitations (specify): _____

Section C: Patient Rights and Signature

I understand that my records may contain information regarding all diagnoses made and treatments received at the practice indicated above and may include confidential information about the diagnosis and treatment of conditions such as but not limited to HIV/AIDS, STDs, drug and alcohol abuse, and psychological conditions. I give specific authorization for these records to be released. I understand that my signature on this form is voluntary. In the event I wish to revoke the authorization above, I must contact the practice providing the information. A photocopy of this authorization (with signature) is to be considered as valid as the signed original document. I understand that I must provide proof of identify at the time of signature. This authorization is valid for TWO YEARS unless another duration is specified under section B (part 2).

Signature of patient or patient's representative

DATE

PRINTED NAME OF PATIENT REPRESENTATIVE: _____

RELATIONSHIP TO PATIENT: _____



Alabama Pediatrics

2815 Independence Drive Birmingham, AL 35209
Phone (205) 879-7888 Fax (205) 879-6822