

Pediatric Associates, PC

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

By signing below, you hereby authorize us to use or disclose information about yourself (or another person for whom you have the authority to sign) that is protected under federal law, for the sole purpose and time period described below. You may refuse to sign this authorization. Subject to certain exceptions, you have the right to inspect and copy the protected health information.

Information to be used or disclosed (must be identified in a specific and meaningful fashion); and purpose of the use and disclosure:

IMMUNIZATION RECORDS

The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure:

PEDIATRIC ASSOCIATES, PC

The name or other specific identification of the person(s), or class of persons, to whom Pediatric Associates, PC may make the requested use or disclosure:

SCHOOLS, DAYCARE CENTERS, PRIVATE CAREGIVERS

The requested information may be mailed or faxed to the address or fax number supplied by the undersigned who declares by signature below (s)he has authority to request the use and disclosure of such information.

Expiration date or an expiration event (must relate to the individual or the purpose of the use or disclosure):

ONE YEAR FROM THE DATE SIGNED BELOW

This information about you is protected under federal law, and you have the right to revoke this authorization in writing. Please be advised, however that any revocation will be effective only to the extent we have not already taken action in reliance on your authorization. By signing below, you recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law. We will not condition treatment based on your authorization. You may refuse to sign the authorization.

Patient Signature or Personal Representative

Date

As a personal representative, I have authority to act for the individual because I am:
