



PEDIATRIC PARTNERS, LLC

8600 LASALLE ROAD, SUITE 105

TOWSON, MD 21286

Phone: 410-823-5232

Fax: 410-296-0257

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize Pediatric Partners, LLC to disclose the health information for:

Patient's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Release the health information to:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

The health information to be: Mailed Picked up

Please include the following items: Complete Record

Sick Visits Well Visits Immunizations Growth Charts

Pathology Radiology Consults Operative

Hospitalizations Other: _____

Reason for leaving the practice:

Moving Insurance Other: _____

I understand that there is a \$20 fee for the copying and handling of my records. I understand that all fees are in compliance with the applicable State guidelines. By signing this authorization, I agree to pay the fee at the time of this request before they can be released.

I understand that I have the right to revoke this information in writing, at any time by sending such written notification to Pediatric Partners, LLC 8600 LaSalle Road, Potomac Bldg. Ste 105, Towson MD 21286. I understand that a revocation is not effective to the extent that Pediatric Partners, LLC has relied on the use of disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. Pediatric Partners, LLC will not base my treatment, payment, enrollment in a health plan or eligibility in a health plan for benefits on whether I provide authorization for the requested use of disclosure.

I understand that I have the right to: inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights) and to refuse to sign this authorization.

SIGNATURE OF GUARDIAN OR PATIENT (18 & OVER)

RELATIONSHIP TO PATIENT

DATE