

Kids R Great Pediatrics

Authorization for use & Disclosure of information

303 Scribner Drive
Suite 100
New Albany, In. 47150
(812)949-1616 Fax:(812)945-8365

Request for an Individual's Health Information

Last:	First:	MI:
Other Names Used:	Date of Birth:	
Address:		
Cell Phone: ()	Work Phone: ()	

- I hereby request access to the protected health information in my health record from (date) _____ to _____ maintained or created by the following providers.
- | | |
|--|---|
| <input type="checkbox"/> Most recent progress note | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Pathology/Lab Reports | <input type="checkbox"/> Entire Health Record |
| <input type="checkbox"/> X-ray reports | <input type="checkbox"/> Billing Records |
| | <input type="checkbox"/> Other _____ |

- I will pick up the copies of my records Mail copies of my records to the individual noted below:

Records From:	Records To:
Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:

Purpose of Request: __ patient's request, __ transfer, __ referral, __ other: _____

I understand:

- I may revoke this authorization at any time by providing my written revocation to Kids R Great Pediatrics. My revocation will not apply to information already retained, used or disclosed in response to this authorization. Unless revoked, the automatic expiration date will be six (6) months from the date of the signature.
- Unless the purpose of this authorization is to determine payment of a claim or benefits, Kids R Great Pediatrics physicians may not condition the provision of treatment or payment for my care on my signing this authorization.
- Information used or disclosed under this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.
- **THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE DISEASE OR NONCOMMUNICABLE DISEASE.**
- The information authorized for release also may include protected health information related to mental health.
- The information for release also may include drug/alcohol abuse treatment records. This category of medical information records is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit anyone receiving this information of records from making further release unless further release is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. As a result, by signing below I specifically authorize any such records included in my health information to be released.
- I understand that if my records are released from Kids R Great Pediatrics that I am entitled to my first FREE copy of my medical records but should additional records be requested I will be required to pay the appropriate fees at the time.

Signature of Patient, Parent, or Legally Authorized Representative Relationship to Patient Date