Amarillo Pediatric Clinic PLLC

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Authorization for Release of Information

PATIENT'S NAME:_____ DOB:_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

I authorize and request that a copy of my medical records be released as follows:

Information to be released to:	Information to be released from:
Amarillo Pediatric Clinic, PLLC Name of Facility or Physician	Name of Facility or Physician
1901 Medipark, Suite 65 Address	Address
Amarillo, TX 79106 City, State, and Zip Code	City, State, and Zip Code

INFORMATION TO BE RELEASED

	DATES
Complete record	
History and physical exam	
Immunizations	
Progress notes	
Lab reports	
X-ray reports	
Other:	

I specifically authorize the release of information relating to:

☐Substance abuse (including alcohol/drug abuse)
☐Mental health (including psychotherapy notes)
☐HIV related information (AIDS related testing

Signature of Patient or Legal Guardian Date

PURPOSE OF DISCLOSURE

☐ Legal ☐ Changing Physician ☐ Consultation / second opinion ☐ Continuing care
☐ Other (please specify) ☐ School ☐ Insurance ☐ Workers Compensation

1. I understand that this authorization will expire 60 days after I have signed the form.
2. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken in reliance upon it.
3. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by Federal privacy regulations.
4. By releasing this information I understand:
   a. By authorizing this release of information, my health care and payment for my health care will not be affected if I do not that I will get a copy of this form after I sign it.sign this form.
   b. I understand that I may see an copy the information described in this form if I ask for it, and

Signature of Patient, Parent, Legal Guardian
Attorney Ad Litem, or Personal Representative

Date

Please Print or Type Name