



1901 Medipark Drive, Suite 65
 Amarillo, TX 79106
 Phone: (806) 468-4333
 Fax: (806) 468-4334
www.apcamarillo.com

Erica Leathers, FNP-C * Alecia Litchfield, FNP-C * Julie Reel, FNP-C * Paula Saunders, FNP-C * Hayley Gibson, FNP-C

Authorization for Release of Information

Patient's Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

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

Information to be released to:

Name of Facility or Physician

Address

City, State, Zip Code

Information to be released from:

Amarillo Pediatric Clinic, PLLC

Name of Facility or Physician

1901 Medipark Drive, Suite #65

Address

Amarillo, TX 79106

City, State, Zip Code

PLEASE FAX OR MAIL REQUESTED INFORMATION

INFORMATION TO BE RELEASED:

Dates: _____

Complete Record _____

History/Physical Exam _____

Immunizations _____ **X** _____

Progress Notes _____

Lab Reports _____

X-Ray/Imaging Reports _____

Other: _____

PURPOSE OF DISCLOSURE:

Legal Changing Physician Consultation/Second Opinion Continuing Care School
 Insurance Workers Compensation Other (please specify) _____

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 the 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: by authorizing this release of information, my health care and payment for my health care will not be affected and I will get a copy of this form after I sign it. I also understand that I may see a copy of the information described in this form if I ask for it.

_____/_____/_____ / _____ / _____
 Signature of Patient/Parent/Legal Guardian/Attorney Ad Litem Printed Name Date