Lafayette Pediatric Clinic Authorization for Release of Medical Information

Phone: (662) 236-3939 **Fax: (662)236-3924**

Patient's Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

SS #: _____ Patient's Phone #: _____

o I authorize Lafayette Pediatric Clinic to release information to:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone #/Fax # (include area code)

or

o I authorize Lafayette Pediatric Clinic to obtain information from:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone #/Fax # (include area code)

PURPOSE FOR THIS REQUEST (Check One) :

- o Healthcare
- o Insurance Coverage
- o Personal
- o Other
- o Transfer

TYPE OF RECORDS REQUESTED (Check One):

- o Entire Medical Record/ plus other Physician records
- o Entire Medical Record/ without other records
- o Labs/X-Rays
- o Other: _____

AUTHORIZATION VALID FOR (Check One):

- o **This request Only**
- o **90 days from the date of this authorization. This authorization applies to the records of the treatment received on or prior to the date of this authorization.**
- o **This request and for medical records of any future treatment of the type described until date : _____**

I understand that:

- *That authorizing the disclosure of this health information is voluntary. If I have questions about disclosure of my health information I can contact the authorized individual or organization making disclosures.*
- *I may cancel this authorization at any time by submitting a written request to the Privacy Officer: Rachel Thompson, RN except where a disclosure has already been made in reliance on my prior authorization. I understand that the revocation will not apply to information that has already been released in response to this authorization.*

Signature of Parent or Legal Guardian _____

Relationship to Patient _____ Date: _____

NOTE: Medical Records are faxed in cases of medical necessity only.
ANY DISCLOSURE OF MEDICAL RECORD INFORMATION BY THE RECIPIENTS(S) IS PROHIBITED EXCEPT WHEN IMPLICIT IN THE PURPOSES OF DISCLOSURE.