



**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

**Authorization to release the health information of:**

Patient Name

Address

City

State

Zip

Phone Number ( ) -

Date of Birth / /

**This Authorization is to release health information TO:**

Individual Names

Address

City

State

Zip

Phone Number ( ) -

Fax Number ( ) -

**This Authorization is to release health information from Alpine Pediatrics**

**Reason for Request**

**Please indicate the means by which you wish the health information to be sent**

Pick up in Person

Mail

Fax

Date of Service

/ /

All Dates of Service

**Please indicate the information you would like released**

Office Notes

Lab Reports

Immunization Records

Other Records as Specified

As provided in the Health Insurance Portability and Accountability Act, you have a right of access to inspect and obtain a copy of your health information contained in a designated record set. This right does not apply to: 1. Psychotherapy notes; 2. Information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and 3. Protected health information that is: (a) subject to the clinical Laboratory Improvements Amendments of 1988, 42 USC 263a, to the extent the provision of access you would be prohibited by law; or (b) exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 43 CFR 493.3 (a)(2).

Once this facility discloses my health information by my request, it cannot guarantee that the recipient will not redisclose my health information to a third party. The third party may not be required to adhere to this authorization or state and federal laws pertaining to the use and disclosure of my health information.

Alpine Pediatrics, P.C., does not charge for the first ten pages of copies it makes of your personal health information. Alpine Pediatrics, P.C., does charge \$0.10 per copied page of your personal health information after the first ten pages. Payment must be received before records will be released.

Request will remain in effect for authorization until the end of my LDS mission unless I provide a written notice or revocation to Alpine Pediatrics, P.C. If revoked, Alpine Pediatrics, P.C. may not be able to stop the use of your health information during the period the authorization was in effect.

Patient Signature

Date / /

Printed Name

Relationship