

Platte County Pediatrics



Dr. David Lowry

1104 Platte Falls Road
Platte City, MO 64079
816.858.5253

Print Patient Name _____

Date of Birth _____

Previous Primary Care _____

Please only send the last well check and immunization Record. If the record is larger than 30 pages please mail them to 1104 Platte Falls Road Platte City, MO 64079.

FAX# 816-858-5205

FOR THE PURPOSE OF: Transfer of Primary Care

TIME LIMIT/RIGHT TO REVOKE: THIS AUTHORIZATION WILL EXPIRE 90DAYS FROM THE DATE SIGNED

--IF I WANT TO CANCEL THIS AUTHORIZATION BEFORE IT EXPIRES, I MAY SUBMIT A WRITTEN NOTICE TO THE OFFICE MANAGER. IT IS UNDERSTOOD THAT INFORMATION RELEASED PRIOR TO MY WRITTEN CANCELLATION WAS MADE AT MY REQUEST AND WITH MY CONSENT.

-RE-DISCLOSURE: I UNDERSTAND THAT THE INFORMATION DISCLOSED BY THIS AUTHORIZATION COULD BE RE-DISCLOSED BY THE PERSON RECEIVING IT AND IS NO LONGER PROTECTED BY THE FEDERAL OR STATE LEGAL PRIVACY REQUIREMENTS. PLATTE COUNTY PEDIATRICS AND STAFF/EMPLOYEES' ARE NOT LEGALLY RESPONSIBLE OR LIABLE FOR THE RE-DISCLOSURE OF THE INFORMATION INDICIATED ON THE AUTHORIZATION.

Signature of Parent or Legal Representative I UNDERSTAND THAT I DO NOT HAVE TO SIGN THIS AUTHORIZATION, THAT MY TREATMENT OR PAYMENT FOR SERVICES WILL NOT BE DENIED IF I DO NOT SIGN THIS AUTHORIZATION AND THAT I CAN INSPECT OR COPY THE PROTECTED HEALTH INFORMATION TO BE USED OR DISCLOSED.

Signature of Parent or Legal Representative

DATE

Print name of Parent or Legal Representative

Relationship

THE INFORMATION DISCLOSED TO YOU MAY BE FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR PART2). THE FEDERAL RULES AND STATE LAW PROHIBITS YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE PERSON 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.

VERIFIED BY: _____