

PLATTE COUNTY PEDIATRICS
AUTHORIZATION FOR RELEASE
OF PROTECTED HEALTH INFORMATION/ACCESS REQUEST FORM

Platte County Pediatrics: 1104 Platte Falls Rd Platte City, Mo 64079: 816-858-5253

FROM THE RECORD OF:

Patient Name and Date of Birth

Address

Telephone Number

Dates to be released

Check all that Apply:

☐ Diagnostic Imaging

☐ Lab Results

☐ Pathology Reports

☐ Immunization Record

☐ Last Well Child Check

☐ OTHER _____

TO: _____

FOR THE PURPOSE OF: INFORMATION WILL BE USED/DISCLOSED FOR THE FOLLOWING PURPOSE(S):

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 to Patient

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: _____