Intown
PEDIATRIC & ADOLESCENT MEDICINE, P.C.

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

PATIENT NAME (*Last, First, MI*)			**Date of Birth**
Address	City	State	Zip
Best Contact Phone	Email Address		
PARENT/GUARDIAN NAME		Relationship to Patient	
My signature below affirms that I am the legal guardian of the above listed patient, having full authority to request, receive and transfer Medical Health Records. I agree to take full responsibility for such records.			

I hereby Authorize Intown Pediatric & Adolescent Medicine, PC to:

☐ **Release my child's protected health information to:**

_____ _____
Doctor or Practice Address

_____ _____
Fax Number Office Number

☐ **Request my child's protected health information from:**

_____ _____
Doctor or Practice Address

_____ _____
Fax Number Office Number

INFORMATION TO BE RELEASED:

- ☐ From & To Dates _____
- ☐ History and physical exam
- ☐ Office notes
- ☐ X-ray reports
- ☐ Lab reports
- ☐ Hospital records
- ☐ Medication records
- ☐ Immunization records
- ☐ Other: _____

PURPOSE OF DISCLOSURE:

- ☐ Changing physicians
- ☐ Continuing care
- ☐ At patient request
- ☐ Second opinion
- ☐ Legal
- ☐ Insurance/Workers' Compensation
- ☐ School
- ☐ Other: _____

This authorization expires 90 days (ninety) from: _____
Expiration Date or Defined Event

☐ ***By checking this box, I authorize records to be sent via unencrypted email to my email address on file. I accept the risks of sending and receiving Protected Health Information (PHI) via unencrypted email and I hold harmless Intown Pediatrics from any and all liability.***

I understand that I may revoke this authorization at any time by notifying Intown Pediatric & Adolescent Medicine, P.C. in writing. This authorization will cease to be effective on the date notified except to the extent that the practice has acted in trust upon this authorization.

_____ _____
Signature of Parent or Legal Guardian **Date**

Intown Pediatric & Adolescent Medicine, P.C. 490 Bill Kennedy Way, SE Atlanta, GA 30316 (404) 446-4726 FAX (404) 446-4727