Emerald Pediatrics

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient's Name _____ Date of Birth _____/_____/_____

I request and authorize (**previous Doctor – please include address & phone number):**

_____

_____

_____

to release health care information of the patient named above to:

EMERALD PEDIATRICS
5695 Innovation Drive, Suite 100
Dublin, OH 43016
Ph: 614-932-5050 Fax: 614-932-9372

******WE ARE NOT ABLE TO ACCEPT FAX RECORDS CONTAINING MORE THAN 10 PAGES******

This request and authorization applies to:

_____ Health care information related to the following treatment, condition, or dates of treatment _____

_____ 2 years Health History to include: Immunizations, Well Visits, Growth Charts, Regular Medications, Any Chronic Issues

_____ Other _____

This authorization is valid for 60 days from the date of signature and there may be fees to process it.

The patient can revoke this authorization at any time by notifying Emerald Pediatrics in writing. This would not affect any actions already taken by Emerald Pediatrics based upon this authorization.

I understand that I do not have to sign this authorization in order to obtain healthcare benefits (treatment, payment or enrollment or eligibility). However, I do not have to sign it to receive health care when the purpose is to create health information for a third party or take part in a research study.

Once health care information is disclosed, the person or organization that receives it may re-disclose it. The privacy laws may no longer protect it.

I understand that the information disclosed may contain matter that is protected by Federal and State laws, including information which may relate to ALCOHOL, DRUG AND PSYCHIATRIC TREATMENT, AIDS AND/OR HIV TESTING AND/OR OTHER SEXUALLY TRANSMITTED DISEASES. I UNDERSTAND THIS WILL BE RELEASED UNLESS I SPECIFICALLY REQUEST THAT IT BE WITHHELD.

_____

Signature of patient or patient's authorized representative Date signed

_____

Relationship if signed by anyone other than patient (parent, legal guardian, etc.)