Bethany Pediatrics, LLC

10300-A Baltimore National Pike, Ellicott City, MD 21042

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

PATIENT INFORMATION

First Name: Last Name:

Address:

City/State: Zipcode:

Phone: Email:

Date of Birth: Medical Record #

I HEREBY AUTHORIZE:

NAME OF DOCTOR, HOSPITAL ETC.

Address:

City/State: Zipcode:

I understand that this authorization will expire (1) year from the date signed below unless specific expiration event or condition is named here:

- [ ] History and Physical examination (medical assessment), and immunizations
- [ ] Psychological Report (Current level of intellectual functioning)
- [ ] Complete Record
- [ ] Other :

I understand that:

1. **This authorization gives my special permission to release any PHI that is contained in my medical record unless I specifically indicate "NO" next to one or more of the categories noted below: _____Substance Abuse Information ____Psychiatric/Mental Information ______HIV Information**
2. **This Authorization is voluntary ad being made at the request of the individual.**
3. **The released PHI may no longer be protected by Federal Privacy Laws and may be redisclosed by the individual or organization authorized to receive the PHI.**
4. **This authorization will not be used for medical underwriting; therefore, my treatment, payments, enrollment or eligibility for benefits will not be conditioned on my signing this authorization.**
5. **I may revoke this authorization (in writing) at any time except to the extent that the action has been taken in reliance thereon.**
6. **The Undersigned hereby acknowledges that s/he has received a signed copy of this authorization.**

Signature: ________________________________ Date:________________________________

Witness:________________________________ Reason for Request:________________________

FOR OFFICE USE ONLY:

Date Received : _______________________ Completed By: ________________________

Date completed: _____________ Fee Paid: $ ________ Check #_______________ Cash: ________

Disclosure consisted of: ____