



Authorization for Release of Medical Information

I, _____ give my permission for the office of: **(check one box)**

Previous Medical Office: _____

Pediatrics of Bullitt County

Other: _____

To release my child(ren)'s complete medical records to: **(check one box)**

Medical Records may include notes by providers or other personnel, results, reports, correspondence, x-rays or other imaging, billing claims, payment information, HIV testing or treatment for AIDS or related conditions, drug or alcohol abuse, drug or alcoholism-related conditions, psychiatric/psychological conditions unless specifically excluded. Please list the exclusions below.

New Medical Office: _____

Pediatrics of Bullitt County

Other: _____

Transferring **out** of Pediatrics of Bullitt County? YES NO

Reason for release:

Moved in or out of geographic area

Health insurance change

Age of child *(if ALREADY 18 OR OLDER, MUST SIGN OWN RELEASE)*

Other: _____

Information to release:

Entire Medical Record

Records for the date range: _____

Records related to _____

Other: _____

Child(ren)'s names and birth dates:

Parent/Guardian name, address, and phone number:

Name: _____
 Address: _____
 Phone Number: _____

Signature of Parent/Guardian

Date

- A valid photo ID, of the legal guardian/patient (18yrs/+) who signed this release, is required for the release of medical records.
- One paper copy of your child's records will be provided free of charge. Any request thereafter may be subject to charge.
- Only requested information will be sent. Information is kept confidential and used only for medical reference.
- This authorization will expire 90 days from when signed.
- Each patient may revoke this authorization at any time by notifying Pediatrics of Bullitt County in writing. Revocation does not affect any actions taken by Pediatrics of Bullitt County before receiving revocation.
- Pediatrics of Bullitt County may use healthcare information received for future healthcare transactions.
- Refusal to sign in no way affects treatment, payment, or eligibility for benefits.
- Disclosure of information carries with it potential for unauthorized disclosure and the information may not be protected by federal confidentiality rules.

Pediatrics of Bullitt County Authorization

Date