

COLUMBIA PEDIATRICS – COLUMBIA, TENNESSEE
Authorization to Release Medical Records/Information

Patient's Name: _____

Social Security Number: _____ DOB: _____

I authorize Columbia Pediatrics to release medical record/information regarding the above named child. I **authorize** the following conditions for my child's medical records.

- | | Initials |
|--|----------|
| 1. Lab results and medical information to be given via phones. | _____ |
| 2. I authorize test results and medical information to be left on my home answering machine. | _____ |
| 3. I give authorization to be called at the place of my employment. | _____ |
| 4. Any and all medical records pertaining to my child from other medical facilities | _____ |
| 5. Only records generated by this facility. | _____ |
| 6. Medical information to be given via fax. | _____ |

I DO NOT AUTHORIZE (initial all that apply) to release the following medical records:

Initial below:

_____ Substance abuse, if any

_____ AIDS/HIV, if any

_____ Psychological or psychiatric conditions, if any

_____ Other (Please specify) _____

Other than the biological parents, results can be given to the following people:

1.

2.

3.

I understand that I may revoke or change this authorization at any time and that unless a later date is specified, this authorization will automatically expire 12 months from the date indicated below.

A copy of this authorization may be utilized with the same effectiveness as an original.

Patient's Name

Person authorized to sign for patient:

Print name

Print name

Date

Signature

Witness

Relationship to patient

**ACKNOWLEDGMENT OF NOTICE OF PRIVACY
OF COLUMBIA PEDIATRIC CLINIC, INC.**

I, -----, the parent of

Name of Child

Date of Birth

was given, in writing, the Notice of Privacy for Columbia Pediatric Clinic, Inc. I understand that if I have any questions or concerns regarding this policy or the protection of my child's health information, I am to contact the person listed below:

Tiffany Duncan
Hipaa Security Officer
1600 Nashville Highway
Columbia, TN 38401
931-388-8965

Signature

Date

Witness