

**PERMISSION FORM FOR RELEASE OF MEDICAL INFORMATION
IN EFFECT FOR ONE YEAR OR LESS**

For Use By (check one): _____ Patient age 18 or older _____ Parent, Guardian or Caretaker

TODAY'S DATE _____ BEST CONTACT PHONE # _____

PATIENT NAME IS: _____ PATIENT DATE OF BIRTH: _____
PRINT FULL NAME

MY NAME IS: _____ RELATIONSHIP TO PATIENT: _____
PRINT FULL NAME

PERMISSION IS GIVEN FOR:

PRINT FULL NAME RELATIONSHIP
And/Or _____
PRINT FULL NAME RELATIONSHIP

1. **TO DISCUSS AND HAVE ACCESS TO THE HEALTH INFORMATION THAT IS FOUND IN THE PATIENT'S PEDIATRIC ASSOCIATES' MEDICAL RECORD. INCLUDING ALL OF PATIENT'S INFORMATION (EXCHANGED VERBALLY OR IN WRITING) REGARDING HEALTH AND MEDICAL CARE FROM THE FOLLOWING PERSONNEL:** (check all that apply)

____ Physicians/Providers _____ Nurses _____ Medical Records Staff
____ Billing Staff _____ Administration

2. **TO ONLY DISCUSS RESULTS OF ANY APPOINTMENT TO WHICH THE ABOVE PERSON BRINGS THE PATIENT.**

With the EXCEPTION of ANY of the following:

INITIAL ANY THAT YOU DO NOT WANT RELEASED TO PERSON LISTED ABOVE

- ____ HIV diagnosis, test results, treatment Specify date(s) _____
____ Information relating sexually transmitted diseases (testing, treatment, etc.)
____ Alcohol and Drug Treatment Records Protected by Federal Confidentiality Rules 42 CFR Part 2
____ Psychotherapy notes recorded by a mental health professional documenting or analyzing the contents of conversation(s) during private, joint, group or family counseling session(s)
____ Other records of professional services by licensed Psychologists or Social Workers
____ Domestic Violence and/or Sexual Assault Victims' Counseling
____ Child Abuse, DSS and/or DYS documents and records
____ Educational testing and reports
____ OTHER (PLEASE SPECIFY) _____

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR ONE YEAR FROM DATE OF FORM.

UNLESS: _____ I REVOKE it in WRITING OR: _____ STOP on this date: _____

Please sign on the appropriate line:

XX _____
SIGNATURE OF PATIENT AGE 18 + DATE

XX _____
SIGNATURE OF PARENT, GUARDIAN OR CARETAKER DATE