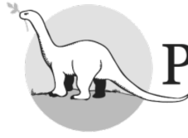

10700 Medlock Bridge Road
Suite 102
Duluth, GA 30097
Phone: (678) 691-5351
Fax: (770) 685-1241

AUTHORIZATION/CONSENT FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: ____ Date of Birth: ____________________

Patient Address: ____

By signing below, I hereby authorize Pediatric Endocrine Specialists of Georgia to use or disclose information about myself (or another person for whom I have the authority to sign) that is protected under federal law, for the sole purpose and time period described below. You may refuse to sign this authorization. Subject to certain **exceptions**, you have the right to inspect and coy the protected health information.

PLEASE RELEASE:
- ______ Entire Medical Record
- ______ Records from ___________ to _______________
  Date Date
- ______Other (specify)______________________________

RELEASE RECORD TO:
- ______ Parent(s)
- ______ Physician's Office
- ______ Insurance Company
- ______Other (specify)______________________________

Records are to be mailed to the following:

Name:______________________________

Address: ______________________________

Phone #: ______________________________

Fax #: ______________________________

REASON FOR REQUEST:
- ______ Moving
- ______ Changing Physicians
- ______ Requested by Court
- ______ Daycare
- ______ School
- _____ Insurance Purposes
- _____ Referral
- _____ Preschool
- ______ Other (specify) ______________________________

This information about your children is protected under federal law, and you have the right to revoke this authorization in writing. Please be advised, however that any revocation will be effective only to the extent we have not already taken action in reliance on your authorization. By signing below, you recognize that the protected health information used or disclose pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law. We will not condition treatment based on your authorization. You may refuse to sign the authorization.

______________________________ Authorized Signature of Parent/Guardian

_______________ Date