



Children's of Alabama

Vestavia Pediatrics
1936 Old Orchard Road
Birmingham, AL 35216
205.978.3200 Fax 205.978.3211

Children's of Alabama - \*Annual Form\*
Authorization to Release Information (Past and Future Care)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
(First, MI, Last)

Address: \_\_\_\_\_ Contact Phone #: ( ) \_\_\_\_\_

Table with 2 columns: 'What information do you want to release?' and 'Where do you want this information to be sent?'. Includes checkboxes for 'ANY and All information', 'Blue Forms/Immunization Records', 'Work/School Excuses', 'Medication Lists', 'Medical History/Physical Exam', 'Physician Orders/Visit Notes', and 'Other'. Also includes a section for HIV, Behavioral Health, and Drug & Alcohol treatment information.

I authorize {Practice Name} and its employees/physicians to release the information stated above. I understand this authorization is voluntary and for my own convenience. I understand {Practice Name} will release only those items indicated by me unless there is a medical emergency. The health record(s) released by [Practice Name] may possibly be re-disclosed by the facility/person that receives the record(s) and therefore (1) [Practice Name] and its employees/physicians have no responsibility or liability as a result of the re-disclosure and (2) such information would no longer be protected by the HIPAA Privacy Rule. This Authorization is in effect for a period of one year from the date my signature unless a shorter time frame is documented. I have the right to revoke/change my mind about this Authorization form at any time by sending a written request to the Practice Manager at the Practice Address above. My decision to revoke the Authorization does not apply to any release of my child's health record(s) that may have taken place prior to the date of my request to revoke the Authorization.

Patient/Parent/Guardian Print Name Patient/Parent/Guardian Signature date

Patient Signature if adult (ie: 19 or older) date Witness for Patient/Parent/Guardian date