



Orchard Pediatrics, P.C.
Newborn through Adolescent Care

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Orchard Pediatrics, P.C. is authorized to use or disclose information about::

PATIENT NAME (please print): _____ DATE OF BIRTH: _____

PATIENT ADDRESS _____

1. The following *may receive disclosure* of protected health information:
His/her/its name and address:

2. The specific information that should be disclosed is (please give dates of service if possible):

UNLESS YOU SIGN HERE, NO INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH WILL BE DISCLOSED: YES, DISCLOSE THIS INFORMATION _____

NO, DO NOT DISCLOSE THIS INFORMATION _____

3. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

4. I may revoke this authorization by notifying Orchard Pediatrics in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

5. This authorization expires on _____, 200____, OR upon occurrence of this request.

We are interested in your reason for requesting your medical records to be transferred. Please check one of the following:

- Leaving the area (date of move _____)
- Transferring to another physician in the area
Reason: _____
- Changing insurance
- Seeing a specialist on _____
- Other _____

FEES FOR COPIES: Federal and state laws permit a fee to be charged for the copying of patient records. This facility has contracted with Healthport Corporation to make copies. Healthport Corporation will mail your copies along with an invoice.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING – note that Patient must sign if 18 years of age

Signature of Parent, Guardian or Patient if 18 years of age

Date