515 N. Virginia Ave Eureka, MO 63025
(P) 636.587.3000   (F) 636.587.2243
Ted Green, M.D.   Douglas Nozaki, M.D.
Amanda Judilla, M.D.

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Information:

Full Name:_______________________________________ **Date of Birth:**_________________

Address:____

Information to be released by:

Physician/Facility:__________________________
Address:___________________________________
Phone: _________________ **Fax:**_____________

Information to be sent to:

Eureka Pediatrics
515 N. Virginia Ave
(P)636-587-3000   (F)636-587-2243

Information to be released:

Complete Health Records ___   Radiology Reports ___   Laboratory Results ___

I understand that if my medical record contains information in reference to drug an alcohol abuse, psychiatric care, sexually transmitted diseases, Hepatitis testing, HIV?AIDS or other sensitive information, I agree to its release.   YES___   or   NO____

I understand the information released by this authorization may be subject to re-release by the recipient and no longer protected by the Health Insurance Portability and Accountability Act of 1996. Eureka Pediatrics, its employees, officers, and physicians are hereby release from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

PLEASE SEND RECORDS ON CD

Signature of Patient or Representative who may request disclosure:

Signature: ____ **Date:**____________

Authorization to sign if not patient: ______________________ **Relationship:**________________