

# Huntsville Pediatric & Adult Medicine ASSOCIATES

## Patient Authorization to Release Protected Health Information

I, \_\_\_\_\_, give my authorization to release my protected information including results of my laboratory tests, x-ray, and/or other test results to the following designated representative(s).

\_\_\_\_\_ (Initial) Spouse Name \_\_\_\_\_  
\_\_\_\_\_ (Initial) Child(ren) Name(s) \_\_\_\_\_  
\_\_\_\_\_ (Initial) Other Name(s) \_\_\_\_\_  
\_\_\_\_\_ (Initial) Parent(s) Name(s) \_\_\_\_\_

\_\_\_\_\_ (Initial) Authorize Huntsville Pediatric and Adult Medicine to call the following numbers and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders, insurance items, and any calls pertaining to my clinical care such as test results.

\_\_\_\_\_ (Initial) Home Number (as on file)  
\_\_\_\_\_ (Initial) Cell Number (as on file)  
\_\_\_\_\_ (Initial) Work Number (as on file)  
\_\_\_\_\_ (Initial) Other Number(s): \_\_\_\_\_

\_\_\_\_\_ (Initial) Authorize Huntsville Pediatric and Adult Medicine to mail to the following address any items that assist the practice in carrying out treatment, payment, and healthcare operations, such as appointment reminder cards, unable to reach patient by phone letters, and statements as they are marked Personal and Confidential.

\_\_\_\_\_ (Initial) My home address as on file.  
\_\_\_\_\_ (Initial) Other address: \_\_\_\_\_  
\_\_\_\_\_

I understand that this release of information is considered valid until a new release of information is submitted or my child turns 18. The office will not disclose any information to any items above that do not have an initial beside it.

Patient or Legal Guardian Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Office Use Only:

\_\_\_\_\_ This patient is a child and will be 18 as of \_\_\_\_/\_\_\_\_/\_\_\_\_ and will need a new release of information form.