PATIENT AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Expiration Date: _____

Patient Name (Last, First) _____

Address: _____

City,State, Zip:_____

Date of Birth: _____ Phone# _____

I AUTHORIZE THE DISCLOSURE OF MY CHILDS HEALTH INFORMATION

TO: _____

Address: _____

_____

Phone: _____

Fax: _____

As the biological parent or guardian of the patient indentified above I authorize the entity listed above to disclose or provide protected health information about my child to:

FROM: SOUTHSIDE PEDIATRICS PC, Dr Carrie Wilgus & Dr Abby St.Jacques
Address: 300 Meadow Run Drive
Hastings, MI 49058
Phone: (269) 818-1020
Fax: (269) 818-1266

Please note there is an administrative fee for retrieval, copying and forwarding of medical records
$1.00 per page for the first 20 pages and .50 cents for pages 21-50, 20 cents for 51 pages & up
Fees need to be paid in full prior to the records being sent. The fee will be waived for the first request of medical records if your are an active medicaid patient as required by law.
Please allow up to 60 days for the processing of medical records. Thank You……

Purpose of discloser: **AS REQUESTED** _____ **TRANSFER OF MEDICAL RECORD** _____

☐ All Information Contained in the Medical Record (including but not limited to listed below)

OR

☐ **ONLY the specific information checked below:**

☐	Office Visits	☐	Medical Summary ***(FREE)***
☐	Lab Reports	☐	Physical/Mental Illness
☐	Well Child Visits	☐	Alcohol/Substance Abuse or Treatment
☐	Immunizations ***(FREE)***	☐	Growth Charts ***(FREE)***
☐	ER/Urgent Care Reports	☐	Allergy Shot Schedule
☐	Hospitalization Reports	☐	Sexually Transmitted Disease Information
☐	Imaging Reports	☐	Info from other healthcare providers/facilities

I ACKNOWLEDGE that if the person/entity that receives this information is not a healthcare provider or health plan covered by Federal privacy regulations, the information described above may be redisclosed by them and no longer is protected b the Privacy regulations.

_____ Date:_____

Parent/Legal Guardian Signature REQUIRED

_____

Please Print Name Above