

Blue Ridge Pediatric & Adolescent Medicine, Inc
579 Greenway Road, Suite 200
Boone, NC 28607
828-262-0100
828-264-7592 (fax)

By signing this form, I authorize Blue Ridge Pediatric & Adolescent Medicine, Inc and all affiliated satellite offices to use, release or disclose the protected health information described below to:

Send records to:

Request records from:

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Purposes of disclosure (at request of patient, employment, life, disability insurance, transfer of care, etc)

I authorize the following information to be sent to the address above:

_____ Copies of all medical records

_____ Copies of the information described below for a period of ____/____/____ to ____/____/____

_____ History and physical examination _____ Lab, x-ray reports, etc

_____ Reports from other physicians _____ Other (please specify _____)

Patient's name _____

Date of birth _____ SSN _____

Printed name of person requesting release _____

Relationship _____

Patient/Parent/Legal Guardian signature _____

Date _____

I have been provided a copy of a Blue Ridge Pediatric & Adolescent Medicine Inc Notice of Privacy Practices and have been made aware of any charges that may be associated with this authorization. I have discussed any concerns I may have about the use, release, disclosure of my protected health information with Blue Ridge Pediatric & Adolescent Medicine, Inc. Privacy Officer or other appropriate office personnel. I understand that Blue Ridge Pediatric & Adolescent Medicine, Inc assumes no responsibility for the use or misuse by others of my health information disclosed under this authorization. I release Blue Ridge Pediatric & Adolescent Medicine Inc from all legal liability that may arise from this authorization.

The patient or their representative may revoke this authorization by notifying the Privacy Officer of Blue Ridge Pediatric & Adolescent Medicine Inc in writing. Federal law states that treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining this authorization if such conditioning is prohibited by the Privacy Rule. Federal law also requires a statement that there is the potential for the protect health information released under this authorization maybe subject to redisclosure by the recipient.