

Authorization to Release Individual Health Information

Privacy Notice

The Health Insurance Portability & Accountability Act (HIPPA) is a federal law designated to protect the privacy of your health information. We understand that information about you and your health is personal and Neighborhood Pediatrics is committed to protecting the privacy of that information. Because of this commitment we must obtain your special authorization before we may use or disclose your protected health information for the research purposes described below. This form provides that authorization and helps up make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form.

Consent for Disclosure of Health Information for Treatment, Payment and Healthcare Operations

I consent to Neighborhood Pediatrics PC using and disclosing protected health information about my/my child and/or his/hers/my family to carry out treatment, payment or healthcare operation. Examples of such instances include, but not restricted to;

- 1. Your medical insurance carrier
2. Local or state Medicaid office
3. Physicians to whom your child is referred
4. School Health Officials

I understand and have read the above Notice of Privacy Practices, which provided a description of how my health information may be used or disclosed. I understand that I have a right to review the notice prior to consent.

I understand that I have the right to revoke this consent by notifying Neighborhood Pediatrics PCs in writing except to the extent that Neighborhood Pediatrics has taken action in reliance on my consent. I understand that my revocation will take effect within 30 days after Neighborhood Pediatrics receives it.

Patient Name: _____ DOB: _____

Signature of Parent/Guardian/Patient _____

Printed Name: _____ Date: _____

The following people have permission to seek medical care and or information on my/my child's behalf:

Table with 2 columns: Name, Relationship. Two rows of blank lines for entry.