AUTHORIZATION TO RELEASE/ DISCUSS *INCOMING* HEALTHCARE INFORMATION

Patient Name: _____ **DOB:**_____

I, _____, authorize release of information **FROM**:
(full name)

Clinic/Physician Name: _____

Address: _____

_____

Phone: _____ Fax: _____

Information to be released/discussed **TO**: ***Pecan Tree Pediatrics***
FAX: 469-757-4890 (all locations)

Lakewood	***Rockwall***	***Wylie***
6301 Gaston Avenue, Ste 125P	*1005 W Ralph Hall Parkway, Ste 135*	*3360 W FM 544, Ste 910*
Dallas, Texas 75214	*Rockwall, Texas 75032*	*Wylie, Texas 75098*
(214) 214-3100	*(972) 772-3100*	*(972) 429-4800*

PURPOSE OF RELEASE (please check one):
☐Changing Physicians ☐ Legal ☐Other_____
Although it will be requested, I understand confidentiality at the receiving end cannot be guaranteed.

TYPE OF INFORMATION TO BE RELEASED:
☐ General Medical Records - excluding protected material
****PLEASE INCLUDE GROWTH CHARTS AND IMMUNIZATION RECORDS, AS WELL AS GENERAL NOTES****
☐Specific Information Only: _____
☐Other Practitioners Records
☐Other: _____

PROTECTED OR SENSITIVE INFORMATION:
I understand that certain information cannot be released without specific authorization as required by law.
By initialing, I authorize release of the following protected information:
____Mental Health Information:
____Drug Abuse/Alcoholism Information
____AIDS/HIV Test results- including high risk behavior
____Other sexual information such as dysfunction or related diseases

I UNDERSTAND THAT:
**I can revoke my consent at any time prior to the release of records by delivering a written, signed and dated notice of my wish to Pecan Tree Pediatrics.
**I can refuse to disclose some or all of my records, but if I do so, it could result in any improper diagnosis or treatment, denial of coverage of a claim for health benefits or other adverse consequences. Incomplete records may be labeled to inform the receiving of their status.
**I can edit and/or obtain a copy of this release upon request.

_____ _____
Signature of Parent/Guardian or Authorized Representative Date