

PEDIATRIC CARE SPECIALISTS

1322 Eisenhower Blvd
Johnstown, PA 15904
Telephone (814) 266-8840

PATIENT AUTHORIZATION TO RELEASE HEALTH INFORMATION

Patient Name _____ DOB _____
Address _____ City _____
State _____ Zip _____
Telephone number _____

Release From _____
Address _____ City _____
State _____ Zip _____

Release To _____
Address _____ City _____
State _____ Zip _____

Authorization for release by means of: _____ Verbal _____ Mail _____ Fax

Reason for release: _____ Continuation of care _____ Self/family _____ Other (specify)

The following release of information must have a **full signature** due to the sensitivity of information:

_____ HIV _____ AIDS
_____ Drug/Alcohol _____ Psychotherapy
_____ Abuse _____ Gun shot/violence

- Unless otherwise revoked, this authorization will expire 1 year from date of signature
- I understand that once this information is disclosed pursuant to this authorization, it may be redisclosed by the recipient and is therefore not protected by federal privacy regulations
- I understand that I have the right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to the privacy officer. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company/attorney requests when the law provides my insurance the right to contest a claim under my policy
- I understand that I need not sign this form in order to ensure health care treatment/payment/operations
- I understand that If I have questions about disclosure of my/child's health information, or want a copy of this authorization, I may contact the Privacy Office here at Pediatric Care Specialists at the address listed above

Signature _____ Date _____

Witness _____ Date _____

By my signature above, I authorize the release of my/child's information, and I understand I cannot hold Pediatric Care Specialists responsible for any/all information released at my request