Gastro Health for Kids
Delivering Clinical Excellence

1208 Sherwood Park Drive Suite A
Gainesville GA, 30501
Phone:(470)228-4778, Fax: (470)220-7333

Authorization of Disclosure of Protected Health Information

Patient Name: ____

Date of Birth: _____________________

Patient Address: ____________

Phone Number: _____________________________

Date requested: --

I authorize release of records from Gastro health for kids to : ______ Parent(s) ______ Physician's Office ______ Insurance Company ______ Other (Specify):
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I authorize release of records from Hospital/facility/Physician to Gastro health for kids; ------------------
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Purpose: School, legal, personal, Insurance, Change of provider--

PLEASE RELEASE: Records from date --------------------to Date------------------

Entire Medical Records ______ Treatment summary

Procedure information -labs, X-rays, Procedures

Please mail/ fax to --

By signing below, I hereby authorize Gastro health for kids to use or disclose information about my children or another person whom I have the authority to sign that is protected under federal law, for the sole purpose and time period described below. You may refuse to sign this authorization. Subject to certain exception, you have the right to inspect and copy the protected information.

This information about your child(ren) is protected under federal law, and you have the right to revoke this authorization in writing. Please be advised, however that any revocation will be effective only to the extent we have not already taken action in reliance on your authorization. By signing below, you recognize that the protected health information used or disclose pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law. We will not condition treatment based on your authorization. You may refuse to sign the authorization.

______ ____________________________ AUTHORIZATION SIGNATURE OF PARENT/GUARDIAN ----------
-------------------------------------DATE

BELOW OFFICE USE ONLY: DATE MAILED: __________________________________ DATE FAXED:
__________________________________ DATE PICKED UP: __________________________________