

MACKOUL PEDIATRICS

206 SE 16<sup>TH</sup> PLACE

CAPE CORAL FL 33990

239-573-2001

**AUTHORIZATION OF RELEASE OF MEDICAL RECORD INFORMATION**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I AUTHORIZE THE FOLLOWING PROVIDER TO RELEASE MY PROTECTED HEALTH INFORMATION:**

\_\_\_\_\_  
Name of healthcare provider/Physician/Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

INFORMATION TO BE RELEASED TO :

\_\_\_\_\_  
Name of healthcare provider/Physician/Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**Information To Be Disclosed: (please include dates where applicable)**

Office Note \_\_\_\_\_  
 Laboratory Reports \_\_\_\_\_  
 Specific Condition \_\_\_\_\_

Diagnostic Reports \_\_\_\_\_  
 Complete Record \_\_\_\_\_  
 Other \_\_\_\_\_

**Reason For Disclosure:**

Continuation of tx \_\_\_\_\_  
 payment \_\_\_\_\_  
 Other \_\_\_\_\_  
 Legal or insurance \_\_\_\_\_  
 Personal \_\_\_\_\_

**Are you leaving the practice?**

YES  NO

I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, AIDS or HIV and alcohol or drug abuse. I authorize the release or disclosure of this type of information.

I understand the following: I have a right to revoke this authorization in writing at any time except to the extent information has been released in reliance upon this authorization. The information release in response to this authorization may be re-disclosed to other parties. My treatment or payment for my treatment cannot be conditioned on signing this authorization.

Any facsimile, copy of photocopy of the authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect until 2 years from date of execution, at which time this authorization expires

Signature of patient or legally authorized representative \_\_\_\_\_

Name and Relationship of legally authorized representative to patient \_\_\_\_\_

Date \_\_\_\_\_