Pediatric Associates of Auburn
www.auburnpediatric.com
2901 Corporate Park Drive
Opelika, AL. 36801
Phone (334) 203-1766
Fax (334) 203-1784
Email: auburnpediatric@gmail.com

I hereby authorize Pediatric Associates of Auburn to (**circle one**) **release / receive** my child's confidential health information in the following manner:

( ) Mail ( ) Fax ( ) Hand Carrying ( ) Verbal ( ) Other: _____

To / From: _____
(circle one)

_____

_____

Phone: _____

Fax: _____

for the purpose of: ( ) Changing Physicians ( ) Treatment ( )Other _____

Patient's Name: _____ Date of Birth: _____

Address: _____

_____

Phone#: _____ Alt.#: _____

My authorization is for the use and disclosure of the following records:

( ) complete medical records ( ) mental health records ( ) Other _____

My authorization is given freely with the understanding that:

- I may refuse to sign this authorization.
- I may revoke this authorization at any time, except where information has already been released in reliance on my authorization, provided that my revocation is in writing.
- This authorization is valid for a 60-day period from the date it is signed or sooner if so specified by me, as indicated below.
- A photocopy or fax of this authorization is a valid as the original.

This authorization will expire on: _____

_____
Patient's Signature if age 14 years or older Date

_____
Signature of Parent or Legal Guardian Date

_____
Name of Parent or Personal Representative (Please Print) Relationship to Patient

_____
Witness (non-family member)