721 Kenmoor SE – Grand Rapids, MI 49546 * Telephone: (616) 949-6112 – Facsimile: (616) 949-8530
1865 Georgetown Center Dr, Suite A – Jenison, MI 49428 * Telephone: (616) 457-3510 – Facsimile: (616) 457-4660

AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

The undersigned hereby authorizes Western Michigan Pediatrics, PC to disclose, for the purpose other than treatment, payment, or health care operations, the protected health information of:

____ ________________________________

Patient Name *Date of Birth*

Protected health information to be disclosed:

______Entire medical record, INCLUDING information related to the treatment for substance abuse or Dependency: Psychiatric or mental health treatment; or HIV or sexual abuse information. $20 fee

______Entire medical record, EXCLUDING information related to the treatment for substance abuse or Dependency: Psychiatric or mental health treatment; or HIV or sexual abuse information. $20 fee

______Last Well Child Exam, Immunization Record and Problem list. These 3 pages provided at no charge

______Record of Immunizations only.

______Other____

Reason for transferring records: *(Optional)*

_____Please describe____

_____Would you like a follow-up call from the office manager? If yes, provide your phone number________________

Physician, individual, organization, or other health care provider to receive this information:

____

Name

____

Address *City, State, Zip*

____ ____

Telephone *Fax*

I am:

_____ The patient.

_____ An authorized representative of the patient (please provide proof of authority).

_____ A parent of a patient who is under the age of 18.

_____ The legal guardian of the patient (please provide proof of guardianship).

____ ____________________________________ __________________

Signature *Printed Name* *Date*

This authorization expires _________________________. If left blank, it expires 120 days from signature date.

I may revoke this authorization at any time. Revocation must be made in writing to Western Michigan Pediatrics. Cancellation does not apply to information already released.

Revised 11-1-2020