



GROW Pediatrics & Adolescent Medicine, PLLC

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growpediatrics.com

AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION TO SCHOOL/DAYCARE

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY— INCLUDING ATTACHMENTS— SO THAT WE MAY PROCESS YOUR REQUEST

PATIENT INFORMATION

Patient's Last Name:	First:	Middle:
Date of Birth:	Contact Number:	
Street Address:	City, State, & Zip Code:	

INFORMATION TO BE RELEASED FROM GROW PEDIATRICS

<input type="checkbox"/> Statement of Good Health	<input type="checkbox"/> Allergy/Asthma Action Plan <small>(circle one)</small>	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Medication Authorization	_____
<input type="checkbox"/> School Excuse Note	<input type="checkbox"/> School/Daycare Specific Form	_____

INFORMATION TO BE RELEASED TO:

PATIENT/PARENT/LEGAL REPRESENTATIVE

Pick-up in Office

Fax to Secure Line
Fax: _____

Send by Mail

To Above Address

To Different Address:

THIRD PARTY

Send by Mail Fax

Organization/Person:	
ATTN:	
Street Address:	
City, State & Zip Code:	
Phone:	Fax:

AUTHORIZATION FOR GENERAL RELEASE OF INFORMATION

I understand that:

- Authorizing the disclosure of this healthcare information is voluntary. I do not need to sign this form in order to assure treatment or payment.
- I can cancel this authorization by any time by written notification to GROW PEDIATRICS AND ADOLESCENT MEDICINE, PLLC. I understand that once the information has been released according to the terms of this authorization, the information cannot be recalled.
- Any disclosure of information carries with it the potential for further releases or distribution by the recipient that may not be protected by confidentiality laws.
- This authorization will expire 90 days from the date signed below unless another date or event is entered here: _____

SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE

Signature of Patient/Parent/Legal Representative

Date

Printed Name of Parent/Legal Representative

Relationship to Patient

FOR OFFICE USE ONLY

Date Request Received

Staff Initials

Date Request Fulfilled

Staff Initials