AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

PATIENT NAME (Last, First, Middle)	NA SPRESENTA NO SENSO APPEA	CANAL PROPERTY OF THE PARTY OF T	rhime restame scener manderior use co	DOB	alk of the Western Period of Suicht	<u> 18-an ilang at ang at</u>	
ADDRESS			SSN				
CITY		STAT	F		ZIP		
311		O I A I	_				
ENTITY RECEIVING THE PHI:	NAME		ROVIDER AUT	HORIZED TO	RELEASE	THE PHI:	
Premier Pediatrics of Acadiana	NAME						
118 Hospital Drive	ADDRESS						
Lafayette, LA 70503							
, ,		CITY			STATE ZIP		
Fax: 1-866-451-2843		ATTENTION:					
This authorization will expire on the following date or event:							
Date: Event: Purpose of this Disclosure: □ Transferring records to another physician REASON:							
□ Daycare/School □ Records to a Specialist □ Insurance Purpose □ Other:							
PHI AND DATES OF PHI AUTHORIZED FOR USE OR DISCLOSURE Description Start Date End Date							
☐ All PHI in the record			Start Date		Ella Date		
☐ Progress Notes							
☐ Laboratory Tests							
☐ X-Ray Tests / Reports							
☐ History and Physical Examination							
☐ Discharge Summary							
☐ Consultation Reports							
☐ Itemized Billing Statement							
☐ Other:							
The following information will be released when included in the above information							
unless you indicate otherwise:							
					ntal car	e / treatment	
[] Alcohol, drug or substance abuse treatment							
1. I MAY REFUSE TO SIGN THIS AUTHORIZATION AND IT IS STRICTLY VOLUNTARY.							
AUTHORIZATION.							
3. I MAY REVOKE THIS AUTHORIZATION AT ANY TIME IN WRITING TO THE PROVIDER AUTHORIZED TO RELEASE THE PROTECTED HEALTH INFORMATION, BUT IF I DO, IT WILL NOT HAVE ANY AFFECT ON ANY ACTIONS TAKEN PRIOR TO							
RECEIVING THE REVOCATION. 4. IF THE REQUESTER OR RECEIVER IS NOT A HEALTH PLAN OR HEALTH CARE PROVIDER, THE RELEASED INFORMATION MAY							
NO LONGER BE PROTECTED BY FEDERAL PRIVACY REGULATIONS AND MAY BE DISCLOSED.							
Signature of Patient:				Da	Date:		
Signature of Patient's Representative (if necessary):				Da	Date:		
Personal Representative's Relationship to Patient:							
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