

PEDIATRIC NEUROLOGY & EPILEPSY CENTER

Aijaz A. Khalid M.D. 170

Camden Hill Road, Suite-A

Lawrenceville, GA 30045

Tel: 678-990-8015

Fax: 678-990-8019

AUTHORIZATION TO RELEASE HEALTH INFORMATION

Patient Name _____ **DOB** _____

Release Records to: _____

Tel: _____ Fax: _____

or

Obtain Records from:

Tel: _____ Fax: _____

Please release the following information:

- | | | |
|--|-------------------------------|---|
| <input type="checkbox"/> MRI | <input type="checkbox"/> EEG | <input type="checkbox"/> Office Notes |
| <input type="checkbox"/> CT | <input type="checkbox"/> Labs | <input type="checkbox"/> Hospital Notes |
| <input type="checkbox"/> Other (specify) _____ | | |

I understand the information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPPA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that PEDIATRIC NEUROLOGY & EPILEPSY CENTER has acted in reliance upon this authorization. A written revocation must be submitted to PEDIATRIC NEUROLOGY & EPILEPSY CENTER's Privacy Officer at 170 Camden Hill Road, Suite-A, Lawrenceville, GA 30046.

The purpose for which this release is being requested is:

- Continuing Medical Care Legal Action/ Review Insurance Reimbursement
- Other (specify) _____

This authorization will expire on _____ .
(Expiration Date or Defined Event)

Some releases may be subject to a fee as allowed under Georgia state law O.C.G.A. 31-33-3.

By signing this authorization, I authorize PEDIATRIC NEUROLOGY & EPILEPSY CENTER **To use and/or disclose certain protected health information (PHI) about my child to or for the party or parties listed above.**

(PRINT name of Parent/legal Guardian, or Patient (if 18 years of age or older)

Tel# _____

Parent's Signature _____ **Date** _____

If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.

Faxed

Mailed

Received on