

MERIDIAN PEDIATRICS

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MEDICAL RELEASE FORM

Authorization for use and disclosure of Protected Health Information

I, _____, (parent or guardian of _____ (name of child) hereby authorize _____ (name of former Physician or Practice) to release the medical records for my child to Meridian Pediatrics. I am requesting the following protected health information for:

Child's Name _____
Date of Birth _____

Immunization Records _____ Labs/Diagnostics Studies _____ X-rays/Imaging Studies _____
Treatment Dates/Diagnosis _____
Other _____
(Identify specific information to be disclosed.)

Purpose of Release: The protected health information will be used or disclosed for the following purpose:

_____ Transferring health care for the patient to Meridian Pediatrics.
_____ Other _____ (Specific instructions regarding purpose of disclosure.)

This information is to be released to Meridian Pediatrics as soon as possible.

This authorization is effective for 60 days unless revoked or terminated by the patient or the patient's personal representative.

Revocation. The patient or personal representative may revoke this authorization in writing at any time, except to the extent that the Medical Practice has acted in reliance on this authorization. Revocation may be made in writing on a form provided by the Medical Practice and delivered to the Privacy Officer.

Re-disclosure. Information used or disclosed under this authorization will be given to recipients who may disclose the information and those later disclosures may not be protected by law.

Patient's Rights. The patient may inspect or copy the protected health information used or disclosed pursuant to authorization and may refuse to sign this authorization. Except where allowed by law, the Medical Practice will not condition treatment, payment or other health care benefits on the giving of this authorization.

Signature of Patient or Personal Representative

Date

(Personal Representative is a person authorized by law to make health care decisions on behalf of the individual, i.e., parent/legal guardian or Durable Power of Attorney for Healthcare.)