

AUTHORIZATION TO RELEASE SCHOOL NOTES AND PRESCRIPTIONS

Patient's Name: _____ DOB: _____

Parent/Legal Guardian's Name: _____

Relationship to Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

By signing below, I authorize PEDIATRIC HEALTHCARE OF NORTHWEST HOUSTON, PA to release the following to the designated person:

PICK UP PRESCRIPTION AND SCHOOL/ WORK EXCUSE _____ Name of Designated Person

StepMother/StepFather Yes No _____

Child (over 18 years) Yes No _____

Grandmother/Grandfather Yes No _____

Other _____ Yes No _____

I understand that PEDIATRIC HEALTHCARE OF NORTHWEST HOUSTON, PA will ask for identification of the person picking up the patient prescription and/or school note.

I authorize PEDIATRIC HEALTHCARE OF NORTHWEST HOUSTON, PA to use and disclose my protected health information (PHI) listed below upon my request. This includes faxing this information to designated entities or persons.

Date of Visit Restrictions Medications

Entity or person (s) authorized to receive this information:

School/Daycare/Preschool Camp Employer

The PHI is being used or disclosed for the following purposes:

Work/School Excuse To Verify Restrictions To Verify Return to Work/School

This authorization shall be in force and effect until the time or event specified below, at which time this authorization to use and disclose this PHI information expires.

No Longer in School Employment Terminated Release from Care Child Reaches 18 years

I understand that I have the right to revoke this authorization, in writing, at anytime by sending such written notification to the practice's Privacy Officer at PEDIATRIC HEALTHCARE OF NORTHWEST HOUSTON, PA. I understand that a revocation is not effective to the extent that my physician had relied on the use or disclosure of the PHI or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Parent/Legal Guardian

Date