



# HERE WE GROW PEDIATRICS

## AUTHORIZATION FOR RELEASE OF PROTECTED PATIENT INFORMATION

I Would Like To Release or Recieve Records(please circle one of the options)

Name of patient (please print)	Date of birth	Phone Number
Street Address	City	State Zip Code

### REASON FOR DISCLOSURE :

(choose only one option below).

- Transferring Care to New Primary Care Physician
- Personal Use
- School / Employment
- Insurance change
- Moving out the area
- Other (please specify):

### Records I Would Like Released: I HEREBY AUTHORIZE: (please print)

- All Records (including Well Visits, Sick Visits, and Phone Messages)
- Immunization Records & Growth Chart
- Specialist Notes From the Last Two Years
- Other (Please Specify):

Name Of Office

Phone Number Fax Number

Street Address

City State Zip Code

I understand the Here We Grow treatment record, including information pertaining to drug or alcohol abuse ,psychological or psychiatric treatment ,HIV/AIDS Testing Results/Treatment , Genetic Testing,will be provided unless I specify the following should **NOT** be released.  Do NOT Release \_\_\_\_\_Initials

(Select to **Release** or **Receive** records)  
**Circle one of the options**

- Here We Grow Pediatrics  
9150 Huebner Rd Suite 155  
San Antonio, Tx 78240  
Phone (210) 465-1800  
Fax(210)899-1006

Unless this authorization is revoked earlier it will expire 90 days from the date signed by the consumer or legally authorized individual, or as otherwise specified by date, event or condition of expiration: \_\_\_\_\_.

Signature of Patient or Patients Representative

Date

Printed Name of Patient or Patient's Representative

Relationship to Patient

Release or transfer of the specified information to any person or entity not specified here is prohibited. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to Kids Plus Pediatrics. I understand the revocation will not apply to information that has already been released in response to this authorization. I also understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand that once this health care information is released, redisclosure of it by the recipient may no longer be protected by law.