

# Treehouse Pediatrics

## Authorization for Release / Request of Protected Health Information (PHI)

**Prepayment Charge:** There is a prepayment charge of \$6.50 per child for more records to be placed on a disc and mailed, in accordance with Texas Health and Safety Code §241.154. **(Option A below)**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
Street City St Zip

\_\_\_\_\_ I authorize Treehouse Pediatrics to  
**release** information to:

**OR**

\_\_\_\_\_ I authorize Treehouse Pediatrics to  
**obtain** information from:

\_\_\_\_\_  
Name of Provider or Facility/or Parent Name

\_\_\_\_\_  
Name of Provider or Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone # / Fax # (Include Area Code)

\_\_\_\_\_  
Phone # / Fax # (Include Area Code)

**What information can be disclosed?** Please select the option that best suits your needs:

**Option A (prepayment required)**  
Full Medical Records

**Option B (no charge)**  
Immunization Record, Growth Chart, and Chart Summary (when available)

**REASON FOR DISCLOSURE** (Choose only one option):

Treatment/Continued Patient Care

Personal Use

Attorney/Legal

Insurance

**Effective Time Period:** This authorization is valid for **one time use only**, per the date signed below.

**Signature Authorization:** I have read this form and agree to the uses and disclosures of the information as described.

\_\_\_\_\_  
Signature of Individual or Legal Authorized Representative

\_\_\_\_\_  
Date

Relationship to individual:  Parent of Minor  Guardian  Other \_\_\_\_\_

A minor individual's signature is required for the release of certain types of information, including for example, the release of information related to certain types of reproductive care, sexually transmitted diseases, and drug, alcohol or substance abuse and mental health treatment (See, e.g., Tex. Fam. Code § 32.003).

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date

In accordance with state law and regulatory agency requirements, the health record is the property of Treehouse Pediatrics. HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing an insurance or health maintenance organization function, or as may be otherwise authorized by law.

**\*\*\*\*Please mail charts that are over 25 pages in length. Do not fax them. Thank you\*\*\*\***

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