

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

Fax # (MUST be included along with Area Code)

Fax # (MUST be included along with 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.

*****Do not mail records when possible, please fax them to 844.480.2756*****

1001 Little Oak Way • Round Rock, TX 78681 • 512.255.8868 • 844.480.2756 (fax) • www.treehousepedi.com