Parents: Use this form to give authorization to release your child's medical records from your current provider to Comfort Care Pediatrics or from Comfort Care Pediatrics to a new provider.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I authorize the following persons or organizations to receive my child(ren)'s protected health information:

From: **Name of Office, Clinic or Person**: _____

Address: _____

_____

Fax No: (____) _____

To: **Name of Office, Clinic or Person**: _____

Address: _____

_____

Fax No: (____) _____

Specific Purpose For Record Release (Circle): transfer of care coordinate care consult school required

Other specific purpose for release of information _____

This release allows records (as specified below) to be released for the following child(ren):

First Name	M.I.	Last Name	Date of Birth

Other names by which this family may be known: _____

Authorization is given to release the following specific information [Check box(es)]:

Problem List	Immunization Record
Chart Notes	Lab test and radiology reports
Growth Charts	Other information: _____

HIPAA Authorization Acknowledgement

- I am not required to sign this authorization and may, in fact, refuse to sign this authorization.
- Comfort Care Pediatrics, Inc. will not condition my child's treatment or payment for my child's treatment on obtaining this authorization from me, unless permitted by law.
- If the organization or person authorized to receive this information is not required to comply with the federal privacy regulations, the released information may be re-disclosed and would no longer be protected.
- I may inspect or copy the protected health information sought to be used or disclosed in this authorization, as permitted by the federal privacy regulations.
- I have the right to revoke this authorization at any time. My revocation must be in writing and submitted to the Privacy Officer at Comfort Care Pediatrics, Inc. If I do revoke this authorization, however, my revocation will not affect any prior actions taken in reliance on my authorization.
- If I have any questions about this authorization, I may contact the Privacy Officer at (801) 595-8844, who will provide me with more information about this authorization, or about Comfort Care Pediatrics' privacy practices.

Signed: _____ Date: _____

Parent or Legal Guardian

Printed: _____

Name of Parent or Legal Guardian