GULF COAST PEDIATRICS

Authorization to Use or Disclose Protected Health Information

I authorize Gulf Coast Pediatrics to OBTAIN _____ or RELEASE _____ COMPLETE Medical Records/PHI for the following patient:

Patient: ____ DOB: ______________________

Address: ____ ZIP: _____________

Parent or Legal Guardian: _____________________________________ Phone #: ________________

OBTAIN records from the following:

Please list ALL Medical Facilities and/or Physicians that have treated patient:

____ Phone # ____________________

____ Phone # ____________________

____ Phone # ____________________

RELEASE records to the following:

____ Phone # ____________________

I understand that the information in my child's record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with the human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services or treatment for alcohol and drug abuse.

I understand that any disclosure of information carries with it the potential for re-disclosure and that the information then may not be protected by federal confidentiality rules.

I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing. I understand that the revocation will not apply to information already released based on this authorization.

I understand that authorizing this disclosure is voluntary and that I may refuse to sign. I do not need to sign this form to assure treatment. I may inspect or obtain a copy of this information to be used or disclosed if I so desire.

Unless otherwise revoked this authorization will expire one year from the following date.

Signature of Parent or Legal Guardian

____ Relation to patient ______________________________

Date __________________________________

Signature of Witness ____

Please send records to
Gulf Coast Pediatrics – 5675 Three Notch Rd Mobile AL 36619
Phone # 251.445.4440 Fax: 251.445.4435 (please mail any records over 50 pages)