**DRIPPING SPRINGS PEDIATRICS**

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**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

***PAYMENT OF $25.00 (OR MORE) PER CHILD IS REQUIRED PRIOR TO RELEASING FULL OUTGOING RECORD(S).***

***WE CAN SEND, FREE OF CHARGE, THE IMMUNIZATION RECORD, GROWTH CHART & MEDICAL SUMMARY LIST AS A COURTESY.***

**PLEASE LIST ALL PATIENTS YOU WISH TO HAVE RECORDS TRANSFERRED:**

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW OR CURRENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SELECT WHERE YOU WISH TO HAVE THE RECORD(S) TRANSFERRED TO:**

[ ] **I AUTHORIZE THE MEDICAL RECORDS TO BE RELEASED *TO*  DRIPPING SPRINGS PEDIATRICS.**

**PLEASE MAIL OR FAX RECORDS TO THE ADDRESS OR NUMBER LISTED BELOW.**

(*IF FAXING, PLEASE TRANSMIT EACH PATIENT’S DOCUMENTS SEPARATELY*).

***FROM:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***SEND TO:*** **DRIPPING SPRINGS PEDIATRICS**

**331 SPORTSPLEX DRIVE, SUITE C**

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DRIPPING SPRINGS, TX 78620**

**PHONE: 512-894-3737**

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **FAX: 512-894-3738**

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] **I AUTHORIZE DRIPPING SPRINGS PEDIATRICS TO RELEASE MEDICAL RECORDS TO:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION TO BE DISCLOSED:** MARK THE ITEMS BELOW THAT YOU WANT DISCLOSED.

[ ] **MEDICAL SUMMARY**/ IMMUNIZATION RECORD / GROWTH CHARTS (NO CHARGE)

***OR***

[ ] **ALL** HEALTH INFORMATION  **□ ELECTRONIC THUMB DRIVE (FEE $25.00) OUTGOING RECORD(S)**

**□ PAPER COPY (FEE OF $25.00 FOR 1st 20 PAGES & 0.50 PER ADD’L PAGE)**  **□ NOTARY NEEDED (FEE $15.00 PER RECORD)**

**OR**  SPECIFIC INFORMATION MARKED BELOW

[ ] PROGRESS NOTES FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] ALL DATES

[ ] GROWTH CHARTS [ ] IMMUNIZATION RECORD [ ] HISTORY & PHYSICAL EXAM [ ] PROBLEM LIST

[ ] MEDICATION RECORD/LIST [ ] SPECIALISTS/CONSULT REPORTS [ ] BILLING INFORMATION

[ ] XRAY/DIAGNOSTIC REPORTS [ ] LABORATORY TEST REPORTS [ ] OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR INITIALS\* ARE REQUIRED TO RELEASE THE FOLLOWING INFORMATION:**

\_\_\_\_\_\_\_ MENTAL HEALTH RECORDS (EXCLUDING PSYCHOTHERAPY NOTES) \_\_\_\_\_\_\_ GENETIC INFORMATION (INCLUDING GENETIC TEST RESULTS

\_\_\_\_\_\_\_ DRUG, ALCHOHOL, OR SUBSTANCE ABUSE RECORDS \_\_\_\_\_\_\_ HIV / AIDS TEST RESULTS/TREATMENT

**REASON FOR DISCLOSURE (CHOOSE ONLY ONE OPTION):**

[ ] TRANSFER OF CARE [ ] TREATMENT/CONTINUED PATIENT CARE [ ] PERSONAL USE OR REVIEW [ ] BILLING OR CLAIMS

[ ] ATTORNEY/LEGAL [ ] INSURANCE [ ] SCHOOL [ ] OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE AUTHORIZATION:** I HAVE READ THIS FORM AND AGREE TO THE USES AND DISCLOSURES OF THE PROTECTED HEALTH INFORMATION (PHI) ABOVE. THIS AUTHORIZATION WILL LAST FOR 1 YEAR FROM DATE OF SIGNATURE. I MAY REVOKE THIS AUTHORIZATION IN WRITING AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE UPON THIS AUTHORIZATION.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF INDIVIDUAL OR LEGAL AUTHORIZED REPRESENTITIVE PRINTED NAME OF REPRESENTATIVE DATE

**RELATIONSHIP TO INDIVIDUAL:** [ ] PARENT OF MINOR [ ] LEGAL GUARDIAN [ ] SELF [ ] OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*A MINOR INDIVIDUAL’S SIGNATURE IS REQUIRED FOR THE RELEASE OF CERTAIN TYPES OF INFORMATION, INCLUDING FOR EXAMPLE, INFORMATION RELATED TO CERTAIN TYPES OF REPRODUCTIVE CARE, SEXUALLY TRANSMITTED DISEASES, AND DRUG, ALCOHOL, OR SUBSTANCE ABUSE AND MENTAL TREATMENT.

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SIGNATURE OF MINOR DATE

IN ACCORDANCE WITH STATE LAW AND REGULATORY AGENCY REQUIREMENTS, THE HEALTH RECORD IS THE PROPERTY OF DRIPPING SPRINGS PEDIATRICS. HIPPA AND TEXAS HEALTH & SAFETY CODE ᵝ181.001 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 DISCLOSURE RELATED TO TREATMENT, PAYMENT, HEALTHCARE OPERATIONS, PERFORMING INSURANCE OR HEALTH MAINTENANCE ORGANIZTION FUNCTION, OR AS MAY BE OTHERWISE AUTHORIZED BY LAW. 8/4/23