CHILDREN'S MEDICAL GROUP, P.C.
AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO FAMILY MEMBERS

Patient (18-21 years of age) please provide the following information:

Many of our patients allow family members such as their parent(s), grandparents, guardians or other to call and discuss medical information, request prescriptions, vaccine information, medical records, and results of tests, pick up forms, etc. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have any of your medical information released to family members you must sign this form. Signing this form will only give consent to release said information to the individuals indicated below.

You have the right to remove this authorization at any time by so requesting in writing.

I, _____ **, date of birth** _____ **,**
(Print your Name)
authorize representatives of Children's Medical Group, P.C. to share and/or release information to:

1) _____ Relationship _____
Check all that apply:
O Regarding appointment, time & date **O** Discuss lab results **O** Discuss vaccines
O Discuss medical care, an issue or concern **O** Request and pick up/fax prescriptions/forms

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2) _____ Relationship _____
Check all that apply:
O Regarding appointment, time & date **O** Discuss lab results **O** Discuss vaccines
O Discuss medical care, an issue or concern **O** Request and pick up/fax prescriptions/forms

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3) _____ Relationship _____
Check all that apply:
O Regarding appointment, time & date **O** Discuss lab results **O** Discuss vaccines
O Discuss medical care, an issue or concern **O** Request and pick up/fax prescriptions/forms

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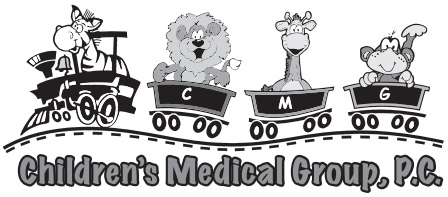
I understand that I have the right to change this authorization, in writing, at any time by sending a written notification to this office.

_____ _____
Patient Name (Print) **Date**

_____
Signature of Patient



If you think we may have violated your privacy rights or you disagree with any action we have taken with regard to your health information we want you, your family or your guardian to speak with us. If you complain to us, your care will not be affected in any way. It is our goal to give you the best care while respecting your privacy.

Children's Medical Group, P.C.
Management