Authorization of Disclosure of Protected Health Information by another Covered Entity for use by NEIGHBORHOOD PEDIATRICS, LLC.

Information to be Used and Disclosed

Information to be obtained under this authorization includes:

The complete medical records of...

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Purpose of Disclosure

Information listed above will be disclosed for the following purposes:

To provide continuing medical care for the above named patients.

Name and/or address/phone number of physician or office currently in possession of the medical records:

_____
_____
_____
_____

Person to Whom Information May Be Disclosed

Information described above may be disclosed to:

_____
_____
_____
_____

Expiration Date of Authorization

This authorization is effective through _____ / _____ / _____ unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Neighborhood Pediatrics, LLC. You should contact Pauline Milovanovic to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the federal privacy guidelines.

Rights of the Individual

- You may inspect or request a copy of information that is used or disclosed under this authorization.
- You may refuse to sign this authorization.

Effect of Refusing Authorization

If you refuse to sign this authorization, **Neighborhood Pediatrics, LLC** will not deny you any treatment except research-related treatment that you have requested for the purpose of disclosure to others, including:

_____

Treatment conditioned on authorization

_____

Treatment conditioned on authorization

Signature

_____

Name of Patient (PRINT)

_____

Signature of Patient (if NOT a minor)

_____

Signature of Patient Representative Date

_____

Relationship of Patient Representative to Patient