Eureka
PEDIATRICS
515 N. Virginia Ave Eureka, MO 63025
(P) 636.587.3000 (F) 636.587.2243
Ted Green, M.D. Douglas Nozaki, M.D.

Record Release for Patient:

Patient Name: ___________________________________

Patient Birthdate: ____________

I authorize disclosure of my child's health information only in the specific manner, for the named reason, and to the specified individual (s) described below.

Specific description of information to be disclosed.

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Name of the practice or entity to which the medical information is to be released to:

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The authorization will expire on the following date: _________

I may revoke this authorization at any time provided that the revocation is in writing to the privacy officer at this practice, except if this practice has taken action relying on this consent or if this authorization was obtained as a condition to obtain insurance coverage.
I have the right to access my protected health information to be used or disclosed.
I will receive a copy of this completed authorization form.

Signature: ____________________________ **Date:**_______

Relationship to patient: ________________________________

Witness: ______________________________ **Date:**_______