



F. Read Hopkins Pediatric Associates, Inc.  
 1212 McConville Road - Lynchburg, VA 24502  
 Phone: (434) 237-8886 - Fax: (434) 239-6807

## Protected Health Information Authorization Form

Patient's Name:	Date of Birth:

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**I Authorize F. Read Hopkins Pediatric Associates, Inc. to:**

**RELEASE INFORMATION TO:**       **OBTAIN INFORMATION FROM:**



Name of Provider or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ (only fax less than 10 pages)

**PURPOSE FOR THIS REQUEST: (Check One)**

Relocation     Insurance Change     Change of Provider     Personal Use

Other (specify) \_\_\_\_\_

**INFORMATION REQUESTED: (Check One)**

Immunization Record     Summary

Specific Dates, Illness or Injury: \_\_\_\_\_  Laboratory or X-Ray Reports

Other (specify) \_\_\_\_\_

**I Understand That :**

- I am giving permission to disclose information related to behavioral or mental health, alcohol/drug abuse, AIDS, HIV, etc. unless indicated here.
- This authorization is valid for 12 months from the date of signature.
- I may cancel this authorization at any time by submitting a written notification, but that it will not affect any information released prior to notification of cancellation.
- The requested information will be provided within 15 business days of my request.
- I agree to pay charges permitted by Virginia Law for copying and/or summarizing records.
- I release F. Read Hopkins Pediatric Associates from any liability or damages arising in connection with or related to the use and/or disclosure of my protected health information pursuant to this authorization.
- It is the Parents/Patients responsibility to obtain records from a previous provider.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Patient Signature if over 18, Guardian Signature if under 18)

Printed Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**OFFICE USE ONLY:**

ID Verification: \_\_\_\_\_ Date picked up/mailed: \_\_\_\_\_ Chart #: \_\_\_\_\_ rev. 11/2014